

REFERENCE DOCUMENTS*

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* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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History of Major Changes

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Adoption Assistance Program (AAP)^{*}

History of Major Program Changes

2008

De-Link – PL 110-351

A provision of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) provided a requirement that a Title IV-E agency spend any savings generated from implementing the revised adoption assistance eligibility criteria on CWS that are eligible under Titles IV-B and IV-E of the Social Security Act. This requirement, known in California as the AAP De-Link, offered the Title IV-E agency flexibility in determining the methodology for calculating the savings. The W&IC section 16118(d) currently meets this requirement.

2010

Extension of AAP to Age 21 – PL 110-351

A provision of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) allowed states to expand the eligibility criteria for the extension of AAP benefits beyond age 18 to age 21, for specified individuals. AB 12 (Chapter 559, Statutes of 2010) meets this provision of PL 110-351.

2011

De-Link – PL 112-34

A provision of the federal Child and Family Services Improvement and Innovation Act (PL 112-34) requires Title IV-E agencies to document how savings (if any) are spent when using the applicable child eligibility criteria in the Title IV-E AAP. California began the process of implementing this requirement under 2011 Realignment.

2012

NMD Adoptions – AB 1712 (Chapter 846, Statutes of 2012)

The eligibility criteria was expanded to allow for a NMD adoptee subject of an adoption pursuant to W&IC Section (366.31) of subdivision (f), to meet AAP eligibility criteria and receive benefits after age 18 up to age 21.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Adoptions^{*}

History of Major Program Changes

1980

Adoption Assistance and Child Welfare Act of 1980 – PL 96-272, enacted by AB 2695 (Chapter 977, Statutes of 1982), implementing the Adoption Assistance and Child Welfare Act of 1980

The Act authorized significant funding to states that supported adoption assistance (subsidy) programs for adoptions of children with special needs, established permanency planning and devoted resources to family preservation, reunification and the prevention of abuse, neglect and child removal.

1996

The 1996 Adoptions Initiative – AB 1524 (Chapter 1083, Statutes of 1996)

This initiative was introduced to maximize adoption opportunities for children in public FC by doubling funding over three years to county adoption agencies to meet performance targets for the adoption of FC children. This investment resulted in more than doubling the annual adoptions of foster children, which has been a significant factor in reducing the number of children in FC.

1997

Adoption and Safe Families Act – PL 105-89 enacted by AB 2773 (Chapter 1056, Statutes of 1998) implementing the provisions of the Federal Adoption and Safe Families Act of 1997

This Act stressed permanency planning for children and created adoption incentive awards to states for increases in adoptions.

2000

Inter-country Adoption Act of 2000 – PL 106-279 Enacted by SB 703 (Chapter 583, Statutes of 2007)

This Act implemented legislation for the Hague Adoption Convention, which codified guidelines to safeguard children by establishing international standards for inter-country adoptions. It became effective in the United States on April 1, 2008.

2003

Adoption Promotion Act of 2003 – PL 108-145

This Act amended Title IV-E requirements with respect to states eligible to receive Adoption Incentives payments to provide payments for special needs adoptions and adoptions of older children (age 9 and older).

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Adoptions^{*}

History of Major Program Changes

2006

Safe and Timely Interstate Placement of Foster Children Act of 2006 – PL 109-239

The Act required states to complete FC and adoption home studies requested by other states within 60 days in most cases but up to 75 days under certain circumstances. States must accept studies received from other states within 14 days unless found to be contrary to the well-being of the child. The Act also authorized incentives to states that complete interstate home studies within 30 days and increased the frequency of caseworker visits for children in out-of-state FC placements.

2008

Fostering Connections to Success and Increasing Adoptions Act of 2008 – PL 110-351 *Enacted by AB 665 (Chapter 250, Statutes of 2009) implementing the Federal Incentive Funds and Assistance for Adoption Part of the Act*

This Act promotes permanency and improves outcomes for children in foster care through policy changes in six key areas: (1) support for kinship care and family connections, (2) support for older youth, (3) coordinated health services, (4) improved educational stability and opportunities, (5) incentives and assistance for adoption and (6) direct access to federal resources for Indian tribes.

2011 - 2012

Child Welfare Realignment – SB 1020 (Chapter 40, Statutes of 2012), AB 118 (Chapter 40, Statutes of 2011) and ABX1 16 (Chapter 13, First Extraordinary Session, Statutes of 2011)

Through the 2011 Budget Act and related legislation, the responsibility to provide public adoption services was realigned to counties. As a result, counties were no longer required to be licensed to provide this function. Counties were allowed the option to either provide these services directly or contract with CDSS, another county or a consortium of counties to provide the services.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh^{*}

History of Major Program Changes

1998

Food Stamp Administrative Reduction – PL 105-185

This PL reduced the federal reimbursement of food stamp administrative costs, based on the amount charged to the former AFDC program (the cash aid program prior to TANF) that could have been allocated to the Food Stamp Program and Medi-Cal for common administrative costs. This resulted in a shift of \$58.8 million in costs from federal funds to the GF.

CFAP State-Only Expanded Program – AB 2779 (Chapter 329, Statutes of 1998)

The original CFAP, authorized under AB 1576 (Chapter 287, Statutes of 1997), served legal noncitizens who were under 18 or over 64 years of age. AB 2779 expanded CFAP to serve legal noncitizens over 18 years of age. At this time, all CFAP recipients must have been legally in the United States prior to August 22, 1996, and must have met all federal food stamp eligibility criteria, except for immigration status.

2001

Inaccessible Vehicle Resources – Change in federal FS regulations, sections 273.8 and 273.8(f).

Initially, the first \$4,650 of fair market value of any vehicle was exempt from family resource limits for purposes of eligibility and benefits determination. Effective June 1, 2011, any licensed or unlicensed vehicle is considered an inaccessible resource if its equity value is \$1,500 or less, and one licensed vehicle per adult household member is exempt from the vehicle equity test.

2002

Food Stamp Reauthorization Act of 2002 – House Resolution 2646 Farm Bill

Effective October 2002, all disabled legal noncitizens could become eligible for the federal Food Stamp Program. Effective April 2003, federal food stamp eligibility was expanded to all legal noncitizens who have lived in the United States for five years or more. Effective October 2003, eligibility was further expanded to all legal noncitizen children.

House Resolution 2646 also included the following mandatory changes.

- Increased the limit for resources (property or funds other than income) for households with an Elderly/Disabled member from \$2,000 to \$3,000.
- The standard deduction was restructured from an equal amount for all households to 8.31 percent of the household's net income limit.

Base Budget for Food Stamp Administration

The Food Stamp administration base funding for FY 2001-02 (and all subsequent years) was established at the FY 2000-01 funding level, which was formulated through the PCAB process and subsequently increased/decreased by caseload growth/decline.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh^{*}

History of Major Program Changes

2003

QR/PB – AB 444 (Chapter 1022, Statutes of 2002)

The monthly reporting/retrospective budgeting system was replaced with a QR/PB system for the CalWORKs and Food Stamp programs. Under QR/PB, recipients' eligibility and benefits are determined for a three-month period using prospective budgeting and income averaging rules based on information reported by recipients once in the quarter; recipients have the option to report changes that would result in increased grant/benefits when they occur.

2004

Transitional Benefits – AB 231 (Chapter 743, Statutes of 2003)

Transitional food stamp benefits were provided to households terminating their participation in the CalWORKs program without the need to re-establish food stamp eligibility. The household may receive up to five months of food stamp benefits in the same amount as received prior to termination from CalWORKs, adjusted for the loss of the CalWORKs grant.

Vehicle Exclusion – AB 231 (Chapter 743, Statutes of 2003)

All vehicles were exempted from resource consideration in determining Food Stamp Program eligibility.

Exemption from the Face-to-Face interview – AB 231 (Chapter 743, Statutes of 2003)

Counties were required to screen applicants for the need to have a face-to-face interview as part of the application and recertification process and to grant, when appropriate, an exemption from face-to-face interviews.

2006

Simplification Options – House Resolution 2646 Farm Bill

Options were provided to simplify the Food Stamp Program to allow the following:

- Certain income exclusions (education loans, grants, scholarships and child support disregard) and resource exemptions (restricted accounts, Individual Development Accounts and Individual Retirement Accounts) consistent with the CalWORKs program.
- Child support payments to a non-participating household member are treated as an income exclusion rather than a deduction.
- The use of the Standard Utility Allowance instead of allowing households the option of choosing the standard or actual costs.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh^{*}

History of Major Program Changes

2008

Non-Assistance Food Stamp Administration Reduction

The county allocation of administrative costs was reduced by approximately \$21.0 million due to ongoing statewide fiscal challenges.

Face-to-Face Waiver

Counties were allowed to waive the face-to-face intake interview to help streamline the application process and improve the Food Stamp Program's administrative efficiency. This policy was implemented statewide beginning 2012.

2009

ARRA of 2009

Participants in California's Food Stamp Program were provided a 13.6 percent increase in monthly benefits from February 17, 2009 through October 31, 2013.

Expanded Categorical Eligibility Food Stamp Program – AB 433 (Chapter 625, Statutes of 2008)

Categorical eligibility for the Food Stamp Program was expanded by waiving excess resource limits for households with minor children who receive TANF-funded benefits.

2011

Inter-County Transfer – AB 1612 (Chapter 725, Statutes of 2010)

An inter-county transfer process was implemented to ensure uninterrupted benefits for CalFresh households that move from one county to another.

Extended Modified Categorical Eligibility – AB 433 (Chapter 625, Statutes of 2008)

Categorical eligibility was extended by waiving excess resource limits for households that include elderly/disabled individuals and receive TANF-funded benefits.

2012

CalFresh Administration Base Veto

A total of \$63 million (\$23 million GF) CalFresh administration funding was vetoed in conjunction with the Legislature's action to revert \$45 million GF unexpended in prior years.

SFIS Elimination – AB 6 (Chapter 501, Statutes of 2011)

The SFIS requirement for CalFresh households was eliminated beginning January 1, 2012.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalFresh^{*}

History of Major Program Changes

2012 (CONTINUED)

AR/CO – SB 1041 (Chapter 47, Statutes of 2012)

Effective October 1, 2012, reporting for CalWORKs child-only cases was reduced from four reporting periods and five reports under QR/PB to one reporting period and one report under AR/CO. California was unable, however, to obtain federal waiver approval to fully align CalFresh reporting to CalWORKs. Therefore, CalFresh converted child-only CalWORKs cases to change reporting.

2013

LIHEAP/Standard Utility Allowance – AB 6 (Chapter 501, Statutes of 2011)

All CalFresh-eligible households were provided a nominal LIHEAP outreach service benefit, which then qualifies the households to have the Standard Utility Allowance used in the computation of their CalFresh benefit allotment, resulting in an increase in the amount of nutritional support or new eligibility for some households.

SAR – AB 6 (Chapter 501, Statutes of 2011)

The QR system for households was replaced with a SAR system, which reduces the number of required income reports for non-child-only CalWORKs and CalFresh recipients to twice per year. In addition, a new mid-period income reporting threshold was imposed for CalFresh when household earnings reach 130 percent of the federal poverty level. CalFresh cases with an associated CalWORKs case have shifted to SAR.

Waiver of Recertification Interview for Certain Elderly/Disabled Households

Counties were allowed to waive the recertification interview for elderly/disabled households in which all adults are elderly/disabled and have no earned income, unless the household requests an interview or the county determines an interview is necessary.

CalFresh Simplifications (E-Notifications and Telephonic Signatures)

Counties were allowed to email notices (e-Notifications) in lieu of mailing hard-copy correspondence (Notices of Action, informing notices, etc.) to households who elect this option. Counties were also allowed to implement the federal option to record signatures electronically, eliminating the need to send documents to a household to sign and return.

Modified Categorical Eligibility for CalFresh – AB 191 (Chapter 669, Statutes of 2013)

The gross income limit for households with a member in receipt of or eligible to receive Medi-Cal is 200 percent of the FPL through the TANF-funded service that confers modified categorical eligibility.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

1998

CalWORKs Implementation – AB 1542 (Chapter 270, Statutes of 1997)

The CalWORKs program, California's version of the TANF program, was implemented.

Single Allocation Re-appropriation – AB 1542 (Chapter 270, Statutes of 1997)

This legislation authorized the rollover of unspent CalWORKs funding from one year to the next from FY 1997-98 through FY 1999-00 (three years).

1998 – 2003

CalWORKs 60-Month Time Limit – AB 1542 (Chapter 270, Statutes of 1997)

Adults in the CalWORKs program were allowed to receive assistance for a lifetime maximum of 60 months, unless the individual was exempt or their cash aid grant was fully reimbursed by child support collection. Adults began reaching this limit in January 2003.

2002

County Performance Incentives End – AB 1542 (Chapter 270, Statutes of 1997)

Legislation provided that counties could earn fiscal incentive payments for case exits due to employment, grant reductions due to earnings, and the diversion of applicants from enrolling in CalWORKs. Counties earned approximately \$1.092 billion between January 1, 1998, and June 30, 2002. These incentives were discontinued due to budgetary constraints; approximately \$400 million of unspent incentives were allocated to counties to spend after June 30, 2002.

Base Budget for Single Allocation

The Single Allocation base funding for FY 2001-02 and all subsequent years was established at the FY 2000-01 funding level, which was formulated through the Planned County Allocation Budget process and increased/decreased by caseload growth/decline.

2003

QR/PB – AB 444 (Chapter 1022, Statutes of 2002)

The monthly reporting/retrospective budgeting system was replaced with a QR/PB system for the CalWORKs and Food Stamp programs. Under QR/PB, recipients' eligibility and benefits are determined for a three month period using prospective budgeting and income averaging rules based on information reported by recipients once in the quarter; recipients have the option to report changes that would result in increased grant/benefits when they occur.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2004

Work Participation – SB 1104 (Chapter 229, Statutes of 2004)

The 18/24 month time limit was eliminated and counties were required to universally engage all non-exempt adults in work activities (WTW program) within 90 days of applying for CalWORKs. Unless exempt from work requirements, adults were required to participate in at least 20 hours per week of core activities (employment, work experience, on-the-job training, work-study, self-employment, community service, up to twelve months of vocational training, job search, and job readiness assistance) and 12 hours per week of core or non-core activities (predominantly educational activities).

Employment Services Augmentation – SB 1104 (Chapter 229, Statutes of 2004)

An additional \$50 million in TANF funds was provided for Employment Services.

Single Allocation Reappropriation – SB 1104 (Chapter 229, Statutes of 2004)

\$40 million in unspent Single Allocation funds was reappropriated from FY 2003-04 for distribution and expenditure in FY 2004-05.

2005

Single Allocation Reappropriation – SB 68 (Chapter 78, Statutes of 2005)

\$50 million in unspent Single Allocation funds was reappropriated from FY 2004-05 for distribution and expenditure in FY 2005-06 as an offset to the reduction in Eligibility Administration Basic and Prospective Budgeting savings.

2006

Administration Restoration – AB 1801 (Chapter 47, Statutes of 2006)

\$140 million was restored for county CalWORKs administration, which reestablished funding at the actual FY 2005-06 spending level.

2007

Employment Services Augmentation – AB 1808 (Chapter 75, Statutes of 2006)

An additional \$90 million in TANF funds was provided for Employment Services to help improve client participation levels.

Durational Sanctions – AB 1808 (Chapter 75, Statutes of 2006)

Legislation removed the statutory requirement that noncompliant individuals in the CalWORKs WTW program be subject to financial sanctions of a minimum duration of three or six months for individuals in their second, third or subsequent instance of non-compliance, respectively. Instead, any sanction may end at the point the noncompliant individual performs the activity he or she previously failed or refused to perform.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2007 (CONTINUED)

CalWORKs Homeless Assistance Program – AB 1808 (Chapter 75, Statutes of 2006)

Legislation increased the daily rate for temporary homeless assistance, redefined homelessness criteria to include families who receive a notice to pay rent or vacate, allowed up to two months of rent arrearages to prevent homelessness and allowed a higher rent threshold to secure permanent housing.

2008

Subsidized Employment – AB 98 (Chapter 589, Statutes of 2007)

Counties were provided funding outside of the Single Allocation to pay 50 percent of a CalWORKs WTW participant's wage subsidy while participating in public or private sector Subsidized Employment. Participation is limited to a maximum of six months for each WTW participant, up to 50 percent of the MAP for the family.

Employment Services Base Veto – AB 88 (Chapter 269, Statutes of 2008)

The Governor vetoed \$60 million of the Single Allocation due to the state's budget crisis. This was reflected as a \$60 million reduction to Employment Services funding.

2009

Four Percent MAP Reduction – SB X3 1 (Chapter 1, Third Extraordinary Session, Statutes of 2009)

All CalWORKs MAP levels (including exempt, non-exempt, Region 1 and Region 2) were reduced by four percent.

ARRA of 2009 (ARRA) – AB X4 4 (Chapter 4, Fourth Extraordinary Session, Statutes of 2009)

The CDSS was authorized to apply for ECF under ARRA, a multi-year, federal economic stimulus program. ECF programs included Basic Assistance, Subsidized Employment, and Non-Recurrent Short-Term Benefits.

Temporary Suspension of Subsidized Employment (AB 98) – AB X4 4 (Chapter 4, Fourth Extraordinary Session, Statutes of 2009)

Subsidized Employment under AB 98 was suspended while funds were available through the ARRA ECF.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2009 (CONTINUED)

WTW Exemptions for Parents of Young Children – AB X4 4 (Chapter 4, Fourth Extraordinary Session, Statutes of 2009)

Parents with a child between one and two years old or parents with two children under six years old were exempted from WTW requirements to provide counties with a mechanism by which to absorb a \$376 million reduction to Employment Services and Child Care in the Single Allocation.

Mental Health and Substance Abuse Funding Flexibility – AB X4 4 (Chapter 4, Fourth Extraordinary Session, Statutes of 2009)

Counties were allowed the flexibility to redirect funding, both from and to, the CalWORKs Mental Health and Substance Abuse allocations and from and to other CalWORKs Employment Services for FY 2009-10 and FY 2010-11.

2011

Eight Percent MAP Reduction – SB 72 (Chapter 8, Statutes of 2011)

All CalWORKs MAP levels (including exempt, non-exempt, Region 1 and Region 2) were reduced by eight percent.

CalWORKs 48-Month Time Limit – SB 72 (Chapter 8, Statutes of 2011)

The CalWORKs time limit for adults was reduced from 60 months to 48 months, counting all months on aid received in California since January 1, 1998, unless the adult has/had a time limit exemption.

EID Reduction – SB 72 (Chapter 8, Statutes of 2011)

The initial amount of non-exempt earned income disregarded when determining grant amounts decreased from \$225 to \$112. The disregard of 50 percent of any additional non-exempt earned income was maintained.

Changes to the Cal-Learn Program – SB 72 (Chapter 8, Statutes of 2011)

Cal-Learn intensive case management services were suspended for one year. Pregnant and parenting teens continued to receive CalWORKs assistance and services in the WTW program.

Extend Mental Health and Substance Abuse Funding Flexibility – SB 72(Chapter 8, Statutes of 2011)

Legislation extended the flexibility to redirect funding, both from and to, the CalWORKs Mental Health and Substance Abuse allocations and from and to other CalWORKs Employment Services for FY 2011-12.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2011 (CONTINUED)

Changes to Subsidized Employment – SB 72 (Chapter 8, Statutes of 2011)

The state's maximum contribution (outside of the Single Allocation) toward wage subsidies under the AB 98 Subsidized Employment program was increased to 100 percent of the computed grant for the participant's AU in the month prior to participation in Subsidized Employment. The eligible population was expanded to include individuals in the CalWORKs Safety Net program and individuals in WTW sanction status. Counties were allowed to continue AB 98 Subsidized Employment for the duration of the placement to participants who become ineligible for CalWORKs due to their Subsidized Employment income.

Extend WTW Exemptions for Young Children – SB 72 (Chapter 8, Statutes of 2011)

The \$376 million reduction to the Single Allocation was extended. The young children and good cause for lack of supportive service exemptions were extended through June 1, 2012.

2012

End of WTW Exemptions for Young Children – SB 1041 (Chapter 55, Statutes of 2012)

Legislation extended the temporary exemptions for parents of young children through the end of calendar year 2012; adults remain exempt past January 2013 until they have been re-engaged in a WTW plan. Counties are required to re-engage these previously exempted cases over a period of two years, with all cases being re-engaged by January 2015. Additionally, a new once-per-lifetime exemption was created for parents of children under two years old.

WTW 24-Month Activities Clock – SB 1041 (Chapter 55, Statutes of 2012)

The eligibility requirements for work-eligible adults in the CalWORKs program was changed by providing 24 months of aid under which WTW participants must meet State-defined work requirements and an additional 24 months of aid only if WTW participants meet federally-defined work requirements. Counties have the option of extending the 24 months of eligibility based on state requirements for 20 percent of its post-24 month caseload if the adult meets specific criteria that suggest additional months of assistance will provide significant progress toward self-sufficiency, or if the adult is facing uniquely adverse labor market conditions.

AR/CO – SB 1041 (Chapter 55, Statutes of 2012)

The number of reporting periods for Child-Only cases was reduced from four (under QR/PB) to one. Child-Only cases are ones in which no adult is aided (safety net cases, undocumented citizens, non-needy caretaker relatives, recipients of SSI, etc., and excludes WTW sanctioned cases).

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2012 (CONTINUED)

Restoration of the Cal-Learn Program – SB 1041 (Chapter 55, Statutes of 2012)

Intensive case management services for pregnant and parenting teens, was restored, assuming that counties would begin to phase their programs in throughout FY 2012-13.

Single Allocation Reappropriation – AB 1477 (Chapter 630, Statutes of 2012)

Legislation provides that \$80 million of unspent TANF funds from FY 2010-11 be reverted early to augment the Single Allocation.

2013

WINS – AB 1279 (Chapter 759, Statutes of 2008)

A monthly additional food assistance benefit was provided to CalFresh households working sufficient hours to meet TANF WPR. SB 1041 (Chapter 47, Statutes of 2012) reduced the WINS benefit from \$40 to \$10 per household per month and changed the implementation date from October 1, 2013 to January 1, 2014.

EID Restoration to \$225 – SB 1041 (Chapter 55, Statutes of 2012)

The initial disregard of \$225 of non-exempt earned income was restored rescinding the Legislature's prior action that reduced the EID to \$112 and the disregard of 50 percent of all additional earned income was maintained.

SAR – AB 6 (Chapter 501, Statutes of 2011)

The QR/PB was replaced with a SAR system, which reduces the number of required income reports of CalWORKs recipients to twice per year for aided adult and WTW sanctioned cases and imposes two additional income reporting thresholds: 55 percent of the monthly income of a family of three at the FPL plus the amount of earned and unearned income last used to calculate the CalWORKs grant or the level likely to render an AU ineligible for CalWORKs benefits.

Online California Appraisal Tool – AB 74 (Chapter 21, Statutes of 2013)

An Online Work Readiness Assessment tool developed by the federal Administration for Children and Families customized for California is implemented. The tool will be required for use by all counties.

Expanded Subsidized Employment – AB 74 (Chapter 21, Statutes of 2013)

Counties were allocated funds in addition to, and independent of, the Single Allocation in order to expand Subsidized Employment program opportunities in California.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs^{*}

History of Major Program Changes

2013 (CONTINUED)

Family Stabilization – AB 74 (Chapter 21, Statutes of 2013)

Family Stabilization, a new component of the CalWORKs program, provides intensive case management and services to ensure a basic level of stability within a family prior to, or concurrently with, participation in WTW activities.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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CalWORKs Child Care Program^{*}

History of Major Program Changes

1998

Grandfathered Families – AB 1542 (Chapter 270, Statutes of 1997)

Child care services were eliminated for families whose income was above 75 percent of the State Median Income. Families that were receiving child care on January 1, 1998 with income over 75 percent of the State Median Income were grandfathered into the current system. These families continued to receive child care as long as they continued to meet the program requirements in place on December 31, 1997.

RMR Ceilings – ACL 98-39 (CDSS ACL, 1998-39)

The RMR survey used to set child care reimbursement rates was updated to the 1998 survey.

1999

RMR Ceilings – ACL 99-46 (CDSS ACL, 1999-46)

The RMR survey used to set child care reimbursement rates was updated to the 1999 survey.

2000

RMR Ceilings – ACL 00-42 (CDSS ACL, 2000-42)

The RMR survey used to set child care reimbursement rates was updated to the 2000 survey.

2001

RMR Ceilings – ACL 01-39 (CDSS ACL, 2001-39)

The RMR survey used to set child care reimbursement rates was updated to the 2001 survey.

2003

Reimbursement Rate Changes – AB 1765 (Chapter 157, Statutes of 2003)

The RMR for licensed providers was reduced from the 93rd percentile to the 85th percentile of the 2003 RMR Survey.

Eliminated Child Care for Grandfathered Families – AB 1765 (Chapter 157, Statutes of 2003)

Child Care services were eliminated for families who were receiving child care because they were grandfathered into the current system under the 1998 CalWORKs implementation.

2004

Age Eligibility for Child Care – SB 1104 (Chapter 229 Statutes of 2004)

The preferred placement in before and after school programs for children who are 11 and 12 years old and are eligible for subsidized child care is mandated in order to help generate savings in the subsidized child care program.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program^{*}

History of Major Program Changes

2006

RMR Ceilings – AB 1808 (Chapter 75, Statutes of 2006)

The RMR survey used to set child care reimbursement rates was updated to the 2005 survey.

2008

Family Fees and Reimbursement Rate Changes – AB 1279 (Chapter 759, Statutes of 2008)

The family fee requirement for child care no longer applied to families receiving CalWORKs cash aid. Additionally, the requirement that the RMR survey must be conducted annually was changed to once every two years. This change aligned state statute with federal regulations.

2009

WTW Exemptions for Parents of Young Children – AB X4 4 (Chapter 4, Fourth Extraordinary Session, Statutes of 2009)

Parents with a child between one and two years old or parents with two children under six years old were exempted from WTW requirements to provide counties with a mechanism by which to absorb a \$376 million reduction to Employment Services and Child Care in the Single Allocation. Of the total reduction, Child Care absorbed \$215 million of the decrease.

Reimbursement Rate Changes – AB 1610 (Chapter 724, Statutes of 2010)

The payment ceiling at which license-exempt child care providers for CalWORKs Stage One subsidized child care are reimbursed was reduced from 90 to 80 percent of the RMR payment ceilings.

2011

Reimbursement Rate and Income Threshold Changes – SB 70 (Chapter 7, Statutes of 2011)

The payment ceiling at which license-exempt child care providers are reimbursed was reduced from 80 to 60 percent of the RMR payment ceilings established for family child care homes. The income threshold for subsidized child care eligibility was lowered from 75 percent to 70 percent of the State Median Income.

Extend WTW Exemptions for Young Children – SB 72 (Chapter 8, Statutes of 2011)

The \$215 million reduction to Child Care (of the total \$376 million Single Allocation reduction) was extended. The young children and good cause for lack of supportive service exemptions were extended through June 1, 2012.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CalWORKs Child Care Program^{*}

History of Major Program Changes

2012

End of WTW Exemptions for Young Children – SB 1041(Chapter 55, Statutes of 2012)

Legislation extended the temporary exemptions for parents of young children through the end of calendar year 2012; adults remain exempt past January 2013 until they have been reengaged in a WTW plan or deemed to qualify for another exemption. Counties are required to reengage these previously exempted cases over a period of two years, with all cases reengaged by January 2015.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Community Care Licensing (CCL) Child Care^{*}

History of Major Program Changes

1998

Administering Inhaled Medication – SB 1663 (Chapter 625, Statutes of 1998)

This legislation permits licensees and staff of child care centers and FCCs to administer inhaled medication to a child in care if certain requirements are met.

2003

Posting Notice of Site Visit and Licensing Reports – AB 1683 (Chapter 403, Statutes of 2003)

The CDSS was required to post a site visit notice each time a site visit is made to a child care facility. In addition, if the facility is cited for any Type A deficiency, the facility report must be posted immediately by the licensee/facility representative. Licensees are also required to post a site visit report or any other document verifying the licensee's compliance or noncompliance with the CDSS' order to correct a Type A deficiency. All notices and reports must be posted immediately upon receipt and remain posted for 30 consecutive days. Failure by the licensee to post any of the required site visit reports for 30 consecutive days result in an immediate civil penalty assessment of \$100.

License Fee Increase – AB 1752 (Chapter 225, Statutes of 2004)

License and annual fees were increased and aggregate fees for licensees with multiple facilities were eliminated. In addition, a fee is charged by DOJ for processing FBI fingerprints of any applicant serving six or fewer children, including applicants for a family child care license, or for obtaining a criminal record of an applicant.

In addition, this bill eliminated triennial visits to facilities in which legal or compliance problems have been identified. Annual visits are also made to ten percent of the total number of licensed child care facilities identified using a random sample methodology.

2006

Parent Notification Requirements – AB 633 (Chapter 545, Statutes of 2006)

The Health and Safety Code sections 1596 and 1597 were amended to improve the transparency of licensing records and to ensure that parents/guardians using licensed child care facilities are aware of situations that present the greatest danger to children. These situations include serious health and safety violations resulting in Type A citations, noncompliance conferences and efforts by CDSS to revoke a facility's license.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Community Care Licensing (CCL) Child Care^{*}

History of Major Program Changes

2008

Immediate Civil Penalties – AB 978 (Chapter 291, Statutes of 2008)

This bill required the assessment of an immediate civil penalty for designated serious violations, and requires the moneys derived from civil penalties imposed on child care facilities to be deposited into the Child Health and Safety Fund to be expended exclusively for the technical assistance, orientation, training and education of child care providers. Revenues received by CDSS from payment of civil penalties imposed on all other licensed facility types shall be deposited into the Technical Assistance Fund and expended exclusively for the technical assistance, training and education of licensees. Unannounced follow-up visits must be made within 30 days after the effective date of a temporary license suspension or revocation, or within 30 days after service of an order of exclusion or removal of a person from a facility.

The CDSS is also required to ensure that a licensee's plan of correction is measurable and verifiable. The plan shall specify what evidence is acceptable to establish that a deficiency has been corrected, and requires CDSS to specify in its licensing reports all violations that, if not corrected, will have a direct and immediate risk to the health and safety, or personal rights of clients or children in care.

2011

Retention/Enrollment of Non-minor students in School-Age Child Care Centers – SB 309 (Chapter 470, Statutes of 2011)

The CDSS was allowed to approve or deny written requests for the enrollment or retention of non-minor students at a School-Age Child Care Center. A non-minor student means a person 18 years of age or older who qualifies as an individual with exceptional needs, as defined in Education Code section 56026, and who qualifies for services from a regional center as a person with a developmental disability, as defined in W&IC section 4512 subdivision (a).

2013

Child Day Care: Childhood Nutrition Training – AB 290 (Chapter 734, Statutes of 2013)

The Health and Safety Code sections 1596.865, 1596.866 and 1596.8661 were amended to require one hour of childhood nutrition training. For licenses issued on or after January 1, 2016, AB 290 requires at least one director or teacher at each day care center; and each family day care home who provides care to have at least one hour of childhood nutrition training as part of the preventive health practices course(s).

Sex Offenders: FC Homes and Child Day Care Facilities – AB 1108 (Chapter 772, Statutes of 2013)

Section 3003.6 was added to the Penal Code to prohibit persons required to register as a sex offender whose offense was against a minor from residing, working or volunteering in a child day care facility or children's residential facility. Violation of this prohibition is a misdemeanor.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

History of Major Program Changes

1993

Federal Family Preservation and Support Act – PL 103-66

States were encouraged to use funds to create a continuum of family-focused services for at-risk children and families and were required to engage in a comprehensive planning process to develop more responsive family support and preservation strategies. In addition, the Act encouraged states to use funds to integrate prevention services into treatment-oriented child welfare systems, improve service coordination within and across state service agencies and engage broad segments of the community in program planning at state and local levels.

1997

Federal Adoption and Safe Families Act – PL 105-89

This Act reauthorized the federal Family Preservation and Support Services Program, and ensured safety for abused and neglected children by, among other things, adding “safety of the child” to every step of the case plan and review process and requiring criminal record checks for foster/adoptive parents who receive federal funds on behalf of a child. In addition, this Act: promoted adoptions by rewarding states that increased adoptions with incentive funds; prohibited states from delaying/denying placements based on the geographic location of the prospective adoptive families; and required the federal DHHS to establish new outcome measures to monitor and improve state performance.

2000

CWS Stakeholders Group – AB 1740 (Chapter 52, Statutes of 2000)

In 2000, the California Legislature established the CWS Stakeholders Group. Governor Davis directed CDSS to assemble a group of child welfare stakeholders to review the CWS system and make recommendations for its improvement. Approximately 60 individuals, representing all aspects of the child welfare community, convened to examine CWS programs. The stakeholders laid foundational work in the development of assumptions, a vision, a mission statement and guiding values.

2001

Child Welfare System Improvement and Accountability Act – AB 636 (Chapter 678, Statutes of 2001)

AB 636 was designed to improve outcomes for children in the child welfare system, while holding county and state agencies accountable for the outcomes achieved. This statewide accountability system, which went into effect January 1, 2004, is an enhanced version of the federal oversight system mandated by Congress and used to monitor states’ performance.

* Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Child Welfare Services (CWS)*

History of Major Program Changes

2001 (CONTINUED)

PSSF Amendments of 2001 – PL 107-133

The amendments reauthorized the PSSF program with mandatory funding increases for FFYs 2002 through 2006, as well as, reauthorizing set aside for Indian Tribes. New provisions of this law include the Infant Safe Haven program; services to strengthen parental relationships and healthy marriages as part of family support services; and the ability to implement a corrective action plan resulting from a Child and Family Services Review. Additionally, this created the ETV Program.

2002

Child and Family Services Review

The 1994 Amendments to the Social Security Act authorized the United States DHHS to review state child and family service programs to ensure conformity with the requirements of Title IV-B and IV-E of the Social Security Act. In March of 2000, the DHHS established a new approach to monitoring state child welfare programs known as the Child and Family Services Review. States are assessed for substantial conformity with certain federal requirements for child protective services, FC, adoption, family preservation, family support and independent living services with an emphasis on the safety, permanency and well-being of children and families served through CWS. The federal Children's Bureau, part of the DHHS, conducts the reviews in partnership with state child welfare agency staff and consultant reviewers who supplement the federal review team. California began its first round of the Child and Family Services Review in 2002. The reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs in order to develop a Program Improvement Plan to address any areas needing improvement.

2004

Child Welfare System Improvement and Accountability Act Implemented

In January 2004, the implementation of AB 636 brought a new CWS Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review System, focuses primarily on measuring outcomes in the areas of safety, permanency and child and family well-being. By design, the California Child and Family Services Review System closely follows the federal emphasis on safety, permanency and well-being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Child Welfare Services (CWS)*

History of Major Program Changes

2006

Safe and Timely Interstate Placement of Foster Children Act of 2006 – PL 109-239

The Act required states to complete foster care and adoption home studies requested by other states within 60 days in most cases but up to 75 days under certain circumstances. States must accept studies received from other states within 14 days unless found to be contrary to the well-being of the child. The Act also authorized incentives to states that complete interstate home studies within 30 days and increased the frequency of state caseworker visits for children in out-of-state FC placements.

2008

Fostering Connections to Success and Increasing Adoptions Act – PL 110-3510

The Act assisted hundreds of thousands of children and youth in FC by promoting permanent families for them through relative guardianship and adoption and improving education and health care. The Act also extended federal support for youth up to age 21 and offered important federal protections and support to American Indian children. Also, this Act required a transitional plan for foster youth 90-days prior to aging-out of FC.

2010

Patient Protection and Affordable Care Act – PL 111-148

The Act extended Medicaid coverage to former FC children younger than age 26.

2011

Child and Family Services Improvement and Innovation Act – PL 112-34

The Act required states to: coordinate health care services addressing the emotional needs of children in FC and develop protocols for monitoring the use and of psychotropic medications; reduce the length of time in FC for children without a permanent placement under the age of 5 to address their developmental needs; meet the educational stability case plan requirements for children in FC at the time of each placement change; increased services to parents and caregivers for time-limited FR services to improve timely reunification and to facilitate visitation between children in FC with their parents and siblings. The Act also revised: provisions and extended requirements for the completion of monthly caseworker visits of children in FC; requirements ensuring that each child age 16 and older in FC receive a free copy of their credit report each year until discharged from FC and to receive aid in interpreting and resolving any inconsistencies.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Foster Care (FC)^{*}

History of Major Program Changes

1982**Public System of Statewide CWS** – SB 14 (Chapter 978, Statutes of 1982)

The CDSS and the CWDs were required to establish and support a statewide system of CWS. Each county must maintain four specialized components: ER, FM, FR and PP.

1989**GH Rate Structures** – SB 370 (Chapter 1294, Statutes of 1989)

The FC GH rate structure was established and the CWS/CMS was authorized.

1997**Concurrent Planning** – AB 1544 (Chapter 793, Statutes of 1997)

Existing law was changed to mandate concurrent planning to increase the likelihood that children who are unable to reunify with birth parents achieve permanency with relatives.

1998**Adoption and Safe Families Act** – AB 2773 (Chapter 1056, Statutes of 1998)

The federal Adoption and Safe Families Act was implemented in California to include shortened timeframes for reunification.

FC Ombudsman – SB 933 (Chapter 311, Statutes of 1998)

The GH reforms were enacted and the FC Ombudsman program was established to provide a way to resolve issues affecting foster youth and caregivers.

2000**CWS Redesign** – AB 1740 (Chapter 52, Statutes of 2000)

The CWS Stakeholders Group was established to examine child welfare programs and to propose a redesigned system.

2001**Child and Family Review Systems** – AB 636 (Chapter 678, Statutes of 2001)

A statewide system was established to review county systems and to provide assistance, in meeting state and federal outcome measures.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)^{*}

History of Major Program Changes

2001 (CONTINUED)

The ETV Program – PL 107-133

This program was added to the Chafee FC Independence Program Act of 1999 (PL 106-169) via PL 107-133. The ETV program provides additional funding specifically to meet the education and training needs of youth aging out of FC. The law authorizes states to use the specified funding to provide vouchers of up to \$5,000 per year to financially assist eligible foster youth pursuing secondary education or job training programs after the age of 18 and up to age 23.

2003

Safe Surrender of a Newborn – SB 139 (Chapter 150, Statutes of 2003)

Surrender of a newborn to a safe-surrender site was permitted. Other provisions required that certain information regarding the surrendering individual be kept confidential and that safe-surrender sites post signs using certain specified signage.

Education for Foster Children – AB 490 (Chapter 862, Statutes of 2003)

Various requirements concerning the education of foster children were established; least restrictive educational program; same access to resources, services and activities as other pupils; educational liaison for foster children; continuation in current school despite FC placement; limits foster parent rights concerning a foster child's educational interests.

2004

Psychotropic Medication – AB 2502 (Chapter 329, Statutes of 2004)

Judicial time frames were established within which to approve/deny a request to authorize psychotropic medication for a foster child.

2006

Child Welfare Leadership and Performance Accountability – AB 2216 (Chapter 384, Statutes of 2006)

The Child Welfare Council was established as an advisory body responsible for improving collaboration among multiple agencies and the courts in the child welfare system. The Council was required to adopt outcome measures by 2008.

Indian Children – SB 678 (Chapter 838, Statutes of 2006)

Certain provisions of the federal Indian Child Welfare Act were codified, including tribal jurisdiction, notice of an intervention in child custody proceedings, entitlement of tribal acts and proceedings, placement preferences and unsealing of adoption records.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Care (FC)^{*}

History of Major Program Changes

2009

Health Care Coordination and Oversight – SB 597 (Chapter 339, Statutes of 2009)

Existing law (WIC 16010.2 & 16010.3) was amended to provide consistency with the federal Fostering Connections Act. The CDSS was required to develop a plan, in consultation with pediatricians, health care experts and experts in and recipients of FC, for the ongoing oversight and coordination of health care services for youth in FC.

2010 - 2013

Federal Fostering Connections to Success Act – PL 110-351

New state statutes (AB 12 (Chapter 559, Statutes of 2010); AB 212 (Chapter 459, Statutes of 2011); AB 1712 (Chapter 846, Statutes of 2012); AB 787 (Chapter 487, Statutes of 2013)) were enacted to exercise the option in the federal Fostering Connections Act to extend FC up to age 21 as allowed via PL 110-351. The Extended FC program implemented on January 1, 2012 and allows foster youth (including those supervised by probation) to remain in care up to age 21 if they meet one of the five criteria described in the federal law. AB 12, along with follow up legislation (AB 212, AB 1712 and AB 787) created new placement options for youth aged 18 to 21 in the FC, adoptions assistance, KinGAP and FedGAP programs. Additionally, foster youth who exit care on or after their 18th birthday are allowed to re-enter FC at a later date, prior to reaching age 21. This aspect of the program is a unique shift in child welfare policy.

2012 - 2013

CWS Continuum of Care Reform – SB 1013 (Chapter 35, Statutes of 2012); AB 74 (Chapter 21, Statutes of 2013)

The CWS Continuum of Care Reform efforts were authorized through SB 1013. Reform efforts are focused on recommending changes to the state's current rate setting system and services and programs serving children and families in the continuum of AFDC-FC eligible placement settings. As part of the Continuum of Care Reform efforts, AB 74 implemented new criteria and approval requirements for placement of dependent children ages twelve and under in a GH.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Foster Family Homes (FFHs)*

History of Major Program Changes

1999

Fingerprint Background Check – AB 1659 (Chapter 881, Statutes of 1999)

AB 1659 reinstated background check requirements as specified in Health and Safety Code section 1522 for licensed FFHs, as well as other community care facilities, on an emergency basis. It required: federal and state background checks for all new facility applicants as well as any staff person, volunteer or employee who has client contact; fingerprints to be submitted to the California DOJ before a person's employment, residence or initial presence in a facility; and an immediate civil penalty of \$100 for each person who is not fingerprinted. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under Health and Safety Code section 1522 and assess the civil penalty.

2001

Revised Standards for Relatives and Non-Relative FFHs – AB 1695 (Chapter 653, Statutes of 2001)

The approval process for California's relative caregivers and non-relative extended family members caregivers was required to employ the same health and safety standards used to license FFHs to ensure continuing compliance with the Federal Adoptions and Safe Families Act of 1997. Core requirements for caregivers, relatives and non-relative extended family members were subsequently consolidated into Article 3 of the FFH regulations.

Rights of Foster Children – AB 899 (Chapter 683, Statutes of 2001)

Community care facilities, licensed by the CDSS, were required to inform children being placed in FC of their personal rights. The information was required to address each child's questions and concerns in an age-and developmentally-appropriate manner. Any facility licensed to provide FC for six or more children was also required to post a listing of FC children's personal rights. The W&IC section 16001.9 was added, listing 21 personal rights for foster children, most of which were already in the CCL Division regulations and enforced by the CCL Division.

Crimes: Unattended Children in Vehicles – SB 255 (Chapter 855, Statutes of 2001)

The "Unattended Child in Motor Vehicle Safety Act" known as "Kaitlyn's Law" was added to the Vehicle Code, and stipulates that any parent, legal guardian or other person responsible for a child who is six years of age or younger may not leave the child inside a motor vehicle without the supervision of a person who is 12 years of age or older under specified conditions. These specified conditions include those that present a significant risk to the child's health or safety, the vehicle's engine is running or the vehicle's keys are in the ignition or both. If caregivers are found to be out of compliance, licensing staff were advised to cite caregivers for lack of supervision.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2002

In-Home Interview – AB 1694 (Chapter 918, Statutes of 2002)

The Health and Safety Code section 1521.5 was amended to delete the requirement that an in-home interview be conducted by the placement agency in counties that have not contracted with the state to license FFHs. This change allowed state licensing staff to conduct an in-home interview with caregivers to collect basic information on their ability, willingness and readiness to be licensed to care for foster children. Licensing staff were advised to provide a copy of the completed In-Home Interview Form (LIC 861) to the county placement agency.

2003

Anti-Discrimination on the Basis of Sexual Orientation or Gender Identity – AB 458 (Chapter 331, Statutes of 2003)

The W&IC section 16001.9 was amended to add an additional right to the personal rights for foster children. The additional right was “fair and equal access to all available services, placement, care, treatment and benefits and to not be subject to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, Human Immunodeficiency Virus status or mental or physical disability.” Amendments were also made to training requirements for caregivers to include training on anti-discrimination in regards to sexual orientation and gender identity. Caregivers were granted anti-discrimination rights. Licensing staff were advised to make caregivers aware of the personal right of foster children and, if noncompliance was found, to cite caregivers under applicable statute pending regulations.

2004

Civil Penalty Increase for Background Check Violations – AB 1240 (Chapter 653, Statutes of 2004)

Various amendments were made to the Health and Safety Code to increase the existing civil penalty for allowing an individual who does not have a criminal record clearance or exemption to work or reside in a licensed facility. The existing immediate \$100 civil penalty per individual violation was increased to an immediate \$100 per day civil penalty applicable for a maximum of five days for first violations and a maximum of 30 days for subsequent violations. If caregivers were found to be out of compliance, licensing staff were advised to identify how long a person without a clearance has been living in the home, cite caregivers for the deficiency and assess the civil penalty as specified.

* Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2004 (CONTINUED)

Education Information for Foster Children – SB 1639 (Chapter 668, Statutes of 2004)

The W&IC section 16001.9 was amended to add an additional right to the personal rights for foster children. The additional right provided that, at 16 years of age or older, children in FC have the right to access existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education. If caregivers were found to be out of compliance, licensing staff were advised to cite applicable statute pending regulations.

2005

Foster Children – Injections – AB 1116 (Chapter 637, Statutes of 2005)

The Health and Safety Code section 1507.25 was amended to authorize specified caregivers who are not licensed health care providers to administer emergency medical assistance and/or injections for specific reasons to a foster child in placement. It specified that if caregivers are trained by a licensed health care professional practicing within his or her scope of practice, they may administer specified emergency medical assistance and/or injections and supportive activities for specified conditions. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under applicable statute pending regulations.

Use of Occasional Short-Term Babysitters – SB 358 (Chapter 628, Statutes of 2005)

The W&IC section 362.04 was added to require caregivers to use a reasonable and prudent parent standard in determining and selecting appropriate babysitters for occasional short-term use. Caregivers are also required to provide specified information to babysitters when leaving a foster child in a babysitter's care. Babysitters are not required to be subject to a criminal background check, a health screening or cardiopulmonary resuscitation/first aid certification or training. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under the applicable statute or regulations.

AFDC-FC: Pregnant and Parenting Foster Youth – SB 500 (Chapter 630, Statutes of 2005)

Various sections of the W&IC were amended to create "Whole FFHs", which are defined as family homes, approved relative caregiver or non-relative extended family members homes or certified homes that provide FC for minor parents and their children. These homes were to be specifically recruited and trained to be of assistance to minor parents in developing skills needed to provide a safe, stable and permanent home for their children. SB 500 also required that a "shared responsibility plan" be developed to avoid any confusion about the roles and responsibilities of caregivers and teen parents in providing care for the teen parent's child. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under the care and supervision authority.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2006

Children's Residential Regulations Review Workgroup and Placement Criteria – SB 1641 *(Chapter 388, Statutes of 2006)*

The Health and Safety Code section 1530.3 was added, which required CCL Division to report to the Legislature on the progress of the Children's Residential Regulations Review Workgroup, which was subsequently tasked with a global revision of the regulations for licensed FFHs. The W&IC section 361.2 was also amended to require that children be placed in homes where caregivers are able to: 1) meet the health, safety and well-being needs of the child; 2) maintain the least restrictive and most family-like environment; 3) permit the child to participate in reasonable, age-appropriate, day-to-day activities and 4) use the reasonable and prudent parent standard to determine activities that are age-appropriate and meet the child's needs.

2007

Smoking in Vehicle with Minor Passengers – SB 7 *(Chapter 425, Statutes of 2007)*

SB 7 made it an infraction for a person to smoke a cigar, cigarette or pipe in a moving or stationary vehicle with a minor present. If caregivers were found to be out of compliance, licensing staff were advised to cite caregivers under Health and Safety Code section 1550(c) for conduct harmful to the health of the child in care.

Compliance with the federal Adam Walsh Child Protection and Safety Act and the Intercountry Adoption Act of 2000 – SB 703 *(Chapter 583, Statutes of 2007)*

The Health and Safety Code sections 1522 and 1522.1 were amended to enhance the criminal record clearance requirements to be met by FFHs prior to being licensed. All of the following are required: California and FBI criminal background checks; a check of the California Child Abuse Registry and a check of registries in each state in which the prospective caregiver has lived in the past five years. The passage of this bill resulted in a new form, the Out-of-State Disclosure and Criminal Record Statement (LIC 508D), to check criminal record information in other states where caregivers have lived.

CWS: Resource Family Approval Program – AB 340 *(Chapter 464, Statutes of 2007)*

The W&IC section 16519.5 was amended to require CDSS, in consultation with stakeholders, to implement a three-year Resource Family Approval implementation program in up to five counties. This program was intended to establish a single comprehensive Resource Family Approval process for FC and adoption that would replace the existing separate processes for licensing FFHs, approving relatives and non-relative extended family members and approving adoptive families. A resource family has to meet both home approval standards and permanency assessment criteria to provide care to a child and be exempt from licensure, relative approval and adoption approval.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2008

Immediate Civil Penalties; CDSS Use of Civil Penalty Moneys; Unannounced Facility Visits; Plans of Correction; Licensing Report Requirements – AB 978 (Chapter 291, Statutes of 2008)

The Health and Safety Code sections 1530.5 and 1548 were amended to require that licensed FFHs, along with other community care facilities, be subjected to the immediate assessment of civil penalties for designated serious “zero tolerance” violations. “Zero tolerance” violations include fire clearance violations, absence of supervision, accessible bodies of water, accessible firearms or ammunition, refusing entry to an agent of CDSS and presence of an excluded person on the premises. If caregivers are found to be out of compliance, licensing staff were advised to assess caregivers a civil penalty in the amount of \$150 per day, per violation, until corrected.

Transfer of Existing License to a New Location – AB 2651 (Chapter 701, Statutes of 2008)

The Health and Safety Code section 1524(c) was amended to permit licensed FFHs to transfer their existing license to a new location while requiring them to continue meeting all applicable laws and regulations at their new location. Licensing staff are instructed to: request that FFHs submit an updated FFH Application (LIC 283) and documentation for their new location; make an announced relocation case management visit to ensure compliance with licensing laws and regulations at the new location; and transfer the existing license to the new location by updating the address on record while retaining the existing FFH license number and effective date of licensure. If FFHs are found to be out of compliance at the new location, licensing staff were advised to cite caregivers according to the applicable licensing laws and regulations.

Training on California Student Safety and Violence Prevention Act of 2000 – AB 3015 (Chapter 557, Statutes of 2008)

The existing training requirements for caregivers in licensed FFHs in Health and Safety Code section 1529.2 were amended by requiring that the initial 12-hour foster parent training also include training in the California Student Safety and Violence Prevention Act of 2000. If caregivers are found to be out of compliance, licensing staff were advised to cite caregivers under Health and Safety Code section 1529.2 for not completing the training.

* Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2010

California Fostering Connections to Success Act – AB 12 (Chapter 559, Statutes of 2010)

California law was aligned to act in accordance with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351). The W&IC sections 11400(v) and 11403 were amended to phase in the eligibility of a NMD to remain in FC up to age 19 beginning January 1, 2012, up to age 20 beginning January 1, 2013 and, with approval by the Legislature, up to age 21 beginning January 1, 2014. Licensing staff are advised that: NMDs may remain in or return to care in licensed FFHs and other Children's Residential community care facilities and homes; while NMDs, as clients, would be exempt from criminal background clearances, a pre-placement appraisal is required to assist in determining whether a placement is appropriate; health and safety standards would apply to NMDs in care.

2012

Minors and NMDs: Out-of-Home Placement and CWS: Realignment – AB 1712 (Chapter 846, Statutes of 2012) and SB 1013 (Chapter 35, Statutes of 2012)

AB 1712 and SB 1013, as follow up bills to AB 12, made various amendments to Health and Safety Code and W&IC, adding more provisions for extended FC. Principally, FC is extended up to age 21. Responsibility for THP+FC, originally a county-administered program for NMDs, is transferred to the CCL Division. It is further stipulated that a remote site model placement, permitted for minors placed prior to October 1, 2012, would only be available to NMDs on or after that date and required that a transitional housing placement provider have a staffing ratio of case manager to client of no more than 1:12 for minors and NMDs. Licensing staff are advised that transitional housing placement providers serving minors in a THPP or NMDs in a THP+FC are to be licensed as THPP and, until regulations are further developed, AB 12 Interim Licensing Standards for THPP are to be applied to NMDs in THP+FC.

FC Services: Cultural Competency – AB 1856 (Chapter 639, Statutes of 2012)

The existing training requirements in Health and Safety Code section 1529.2 for caregivers in licensed FFHs was amended by requiring that the initial 12-hour foster parent training and the annual eight hour foster parent training also include training in cultural competency and sensitivity relating to, and best practices for providing adequate care to lesbian, gay, bisexual and transgender youth in out-of-home care. The W&IC section 16001.9 was also amended to add the right of every child in FC to have caregivers and access to child welfare personnel who have received this training. Licensing staff were advised that if FFHs are found to be out of compliance with this training requirement, caregivers are to be cited under Health and Safety Code section 1529.2 and applicable regulations for not completing the training.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Foster Family Homes (FFHs)*

History of Major Program Changes

2012 (CONTINUED)

Foster Homes: Residential Capacity – AB 1928 (Chapter 120, Statutes of 2012)

Existing law in the W&IC was clarified to require that licensed specialized FFHs not exceed a total of six children living in the home. Consistent with existing law, it continued to permit two, and up to three, foster children with or without special health care needs to be in a specialized FFH under specified conditions, but clarified that non-foster children living in the home must be considered when making a capacity determination. Licensing staff were advised that if FFHs are found to be out of compliance by having too many children in the home, caregivers were to be cited under the applicable regulations.

Immediate Civil Penalties – SB 1319 (Chapter 663, Statutes of 2012)

SB 1319 reversed the assessment of civil penalties for designated serious “zero tolerance” violations applied to licensed FFHs by AB 978. The Health and Safety Code section 1530.5 was amended to exempt FFHs from most civil penalties, except those that result from fingerprint violations and unlicensed care operations. As a result, FFHs are no longer subject to immediate civil penalties for any violation of Health and Safety Code section 1548. Licensing staff were advised that, effective January 1, 2013, caregivers shall no longer be assessed immediate civil penalties for these violations.

2013

FC Services: Smoke-Free Environment – AB 352 (Chapter 292, Statutes of 2013)

AB 352 amends Health and Safety Code section 1530.7 to require, effective January 1, 2014, that specified children’s residential facilities maintain a smoke-free environment. Further, individuals licensed or certified to provide care to foster children are prohibited from smoking or permitting any other person to smoke inside the home, or outside when a child is present. The law also prohibits smoking in any motor vehicle regularly used to transport children. Pending the development of regulations, licensing staff will be instructed to cite caregivers under Health and Safety Code section 1530.7 if it is ascertained that smoking is taking place in violation of the law.

* Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

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In-Home Supportive Services (IHSS)^{*}

History of Major Program Changes

1973**IHSS Program**

The IHSS was created to enable elderly, blind and disabled individuals to live independently in the community.

1978-1981**Equity Assessment Project**

This was a three-year project conducted by the University of California, Berkeley, in three counties (Alameda, Contra Costa and Marin). Historical needs assessment data was used to predict recipients' level of need for IHSS services. The project also permitted similar awards to individuals with similar needs, thus promoting equity (beginning of IHSS Assessment Uniformity).

1981**Domestic Services Standard – SB 633 (Chapter 69, Statutes of 1981)**

The first state time-per-task standard, known as the Domestic Services Standard, was introduced.

1992**Non-Profit Consortiums and Public Authority – SB 485 (Chapter 722, Statutes of 1992)**

The W&IC section 12301.6 was added to allow a County Board of Supervisors to contract with a non-profit consortium, or to establish by ordinance, a public authority for the delivery of IHSS.

Federal Funding Approved for the IHSS PCSP

On November 2, 1992, a State Plan Amendment was approved by the CMS allowing most IHSS services to be considered a Medi-Cal benefit under the new IHSS PCSP.

1993**PCSP**

The PCSP was implemented April 1, 1993.

1998**Expansion of PCSP Eligibility – AB 2779 (Chapter 329, Statutes of 1998)**

The W&IC section 18937 was amended, expanding PCSP eligibility to include medically-needy aged, blind and disabled persons (previously, only categorically-eligible persons were eligible).

Waivers for Personal Care Services – AB 668 (Chapter 896, Statutes of 1998)

The Waivers for Personal Care Services, as defined under the Medi-Cal Program, were required to be provided to persons meeting specified requirements.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)^{*}

History of Major Program Changes

1999

State Plan Amendment

On April 1, 1999, a State Plan Amendment was approved by CMS expanding PCSP eligibility to include income-ineligible recipients (i.e., recipients with a share-of-cost).

Employer of Record – AB 1682 (Chapter 90, Statutes of 1999)

Counties were required to act as or to establish an employer of record for IHSS providers for purposes of collective bargaining. Counties that had not established a public authority for the provision of IHSS services were required to establish an advisory committee to provide recommendations on modes and delivery of IHSS services. The IHSS Registry sales tax sub-account was also eliminated from the LRF and remaining funds were transferred to the GF.

2000

IHSS Nonfederal Sharing Ratios and State Participation in Wages and Benefits – AB 2876 (Chapter 108, Statutes of 2000)

This bill established the nonfederal share to be paid by the state and counties for any increases in provider wages and benefits and associated taxes. Limits were also defined for state participation in increases to wages and benefits.

- **Non-Public Authority Counties**

Effective January 1, 2001, participation in the nonfederal portion of any county-implemented increase in IHSS provider wages, benefits and associated taxes was set at 65 percent state and 35 percent county. Wage increases were at county discretion and limited to no more than three percent above the statewide minimum wage.

- **Public Authority Counties**

Participation in the nonfederal portion of any increases in wages, benefits and associated taxes that are negotiated by a public authority or a non-profit consortium was set at 65 percent state and 35 percent county. Increases in wages and benefits were subject to the following limits:

- The state would participate in wages up to \$7.50 per hour and in individual health benefits up to \$0.60 per hour for all public authority and non-profit consortium providers.
- The state would participate in total wages and health benefits up to \$9.10 per hour if wages reached at least \$7.50 per hour.
- Gradual increases to wage and benefits were allowed for these specified providers over the four years following FY 2000-01, up to total combined wages and health benefits of \$12.10 per hour in the fourth year.
- State participation in subsequent year increases would only occur if wages had already reached \$7.50 per hour and GF revenue had exceeded the previous FY's GF revenue by at least five percent.
- State participation in wage and benefit increases in any FY would be limited to a maximum increase of \$1.00 per hour.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

History of Major Program Changes

2000 (CONTINUED)

- **Contract Counties**

Funding was provided in FY 2000-01 for the increased state Share of Cost for existing contract counties that elected to increase their maximum allowable contract rates. (Wages and benefits for contract providers are negotiated between the contractor and their local unions).

IHSS Advisory Committee – AB 288 (Chapter 445, Statutes of 2000)

Each county that had not established a public authority was required to establish an advisory committee. The advisory committee in each county was also required to provide recommendations on certain modes of service to be utilized in the county for IHSS. The advisory committee membership would have to include one IHSS provider for a county that has an IHSS caseload of less than 500 and two IHSS providers for a county that has an IHSS caseload of more than 500. Reimbursement of the advisory committee's administrative costs was also allowed.

2004

Improve Quality of IHSS – SB 1104 (Chapter 229, Statutes of 2004)

The CDSS, counties and DHCS were required to perform a number of activities that would focus on improving the quality of IHSS. The key provisions included:

- Ongoing statewide social worker training.
- State oversight and monitoring of county Quality Assurance activities.
- Hourly task guidelines, with exception criteria to promote accurate and consistent assessments, to provide social workers a tool for conducting assessments and service authorizations.
- Fraud prevention and detection activities that include collaboration among agencies to prevent/detect fraud and to maximize recovery of overpayments.
- Annual error-rate studies and data-match activities.

IPW

The IPW State Plan Amendment was approved, allowing most residual recipients to be served in this waiver program (i.e., services provided by a spouse and/or parent of a minor child, or to those receiving Restaurant Meal Allowance or Advance Pay). The IPW was approved for five years, from August 1, 2004 through July 31, 2009, and extended until September 30, 2009.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)^{*}

History of Major Program Changes

2009

Key Provisions of Fraud – ABX4 19 (Chapter 17, Fourth Extraordinary Session, Statutes of 2009)

The CDSS, counties and DHCS were required to improve detection, referral, investigation and prosecution of fraud in the IHSS program, communication and to develop collaboration between state and county agencies. The key provisions included:

- Provider Orientation.
- Provider enrollment, including fingerprinting and background checks, enrollment form and signed agreement.
- Provider appeals.
- Fraud prevention protocols clarifying state/county roles and responsibilities including targeted mailings, unannounced home visits and county anti-fraud training.
- Policy guiding the use of Post Office boxes.
- Creation of the NOA to inform providers of recipient's authorized hours/services.

County Fraud Plan Funding

In FY 2009-10, the CDSS approved county fraud plan funding for 45 counties to enable the development of the infrastructure necessary to support future fraud prevention operations.

The IPO

The IPO State Plan Amendment was approved on September 29, 2009, and the IPO became effective on October 1, 2009. The Social Security Act Section 1915(j), Self-Directed Personal Assistance Services State Plan Option, was identified as the best replacement for the expiring IPW program.

Statutory Reductions and Court Injunctions

A minimum Functional Index Score threshold was created for IHSS Program services, and this became the Oster I Lawsuit.

- The state financial participation rate for IHSS provider wages was capped at \$10.10 effective July 1, 2010. This became the Dominguez v. Schwarzenegger lawsuit.
- The "Share of Cost Buyout" program was eliminated.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

History of Major Program Changes

2011

Statutory Reductions and Court Injunctions

A 3.6 percent reduction in hours was implemented in February 2011. A 20 percent reduction in hours was triggered by the Budget Act in December 2011. This became the Oster II Lawsuit and part of 2013 litigation settlement.

Health Care Certificate Requirement

The IHSS recipients were required to provide a Health Care Certificate from a licensed health care professional beginning August 2011.

Changes to Provider Enrollment Background Checks

- Tier 1 – Specified Child Abuse, Elder Abuse and Fraud against government health care or supportive services.
- Tier 2 – Other items identified in a background check could be waived by the IHSS recipient.

CFCO

The ACA of 2010 (enacted March 23, 2010) established a new State Plan Option entitled CFCO. The CFCO provides home and community based attendant services and supports and also provides increased federal funding in the form of a six percent increase in the FMAP for CFCO eligible recipients. The CDSS and DHCS submitted a State Plan Amendment to CMS on December 1, 2011. The State Plan Amendment was approved August 31, 2012 with implementation retroactive to December 1, 2011.

2012 - 2013

CMIPS II Launched

The CMIPS II launched in pilot counties Merced and Yolo in July 2012. In September 2012, San Diego joined the pilot. Extensive work and training has been conducted with counties/public authorities, labor organizations health benefit administrators and IHSS recipient/providers. In March 2013, group one launched eight additional counties followed by 20 additional counties in group two in May 2013. Group three (Los Angeles County) launched in August 2013, followed by the remaining 24 counties in group four in November 2013.

2013

CFCO

On August 31, 2012, the federal CMS approved State Plan Amendment 11-034 for CFCO, allowing the state to obtain increased federal funding for eligible PCSP and IPO program recipients. CMS approved State Plan Amendment 13-007 effective July 1, 2013 and updating eligibility language for compliance with the federal Social Security Act, section 1915(k)(1) and 42 CFR section 441.510. This represents approximately 41 percent of the federally eligible caseload and roughly 62 percent of IHSS services costs.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

History of Major Program Changes

2013 (CONTINUED)

CCI - SB 1036 (Chapter 45, Statutes of 2012) and SB 1008 (Chapter 33, Statutes of 2012)

SB 1036 and SB 1008 enacted the CCI which is a Medi-Cal managed care plan. The CCI – begins phasing in to eight pilot counties April 2014. The implementation process, including stakeholder meetings, is ongoing. As the IHSS program moves eligible recipients into CCI, it will remain very similar to the current program. The CCI legislation requires the Cal Medi-Connect plan to administer IHSS in accordance with current IHSS program standards and requirements. The plan will ensure access to, provision of and payment for recipients who meet the eligibility criteria for IHSS.

Key Provisions:

- The IHSS recipients will retain the responsibilities as the employer of the IHSS provider for the purposes of hiring, firing and supervising their provider, appealing any action relating to his or her application for or receipt of services and the ability to request a reassessment.
- IHSS providers will continue to adhere to the IHSS provider enrollment requirements set forth in existing statute.
- Care coordination teams will be established, as needed and subject to the consumer's consent, for individual care plan development. The teams will include county IHSS social workers, consumers and their representatives, managed care health plans and may include IHSS providers and others as applicable.
- The CDSS will retain program administrative functions, in coordination with DHCS, including policy development, provider appeals and general exceptions, quality assurance and program integrity for the IHSS.
- The CCI shifts the responsibility of collective bargaining functions (wages, benefits and other terms and conditions of employment) from county PAs to a Statewide Authority. This shift will occur for each county when enrollment of dual eligibles into Cal Medi-Connect is complete. This establishes a new Advisory Committee for the Statewide Authority.
- Each county will be responsible for paying a MOE instead of paying a percentage of program costs. Each county's MOE is based on program expenditures for FY 2011-12, which was adjusted to reflect savings based on the additional six percent FMAP for CFCO eligible cases, county negotiated wage increases and an annual 3.5 percent inflation factor starting July 1, 2014. This MOE requirement applies to all 58 counties effective July 1, 2012, regardless of when the county will begin participating in the CCI.
- In an effort to ensure that data-sharing needs are identified and addressed prior to the implementation of the CCI in 2014, the CDSS is holding data sharing stakeholder workgroups, the first of which took place November 30, 2012.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

In-Home Supportive Services (IHSS)*

History of Major Program Changes

2013 (CONTINUED)

- A stakeholder workgroup has been established to develop the universal assessment process, including a universal assessment tool for home- and community-based services. The first stakeholder workgroup meeting was held September 20, 2013.
- The CDSS, in consultation with the DHCS, shall certify any agency that is contracting with Cal Medi-Connect for the provision of IHSS. The CDSS shall also develop a written appeal process for any agency dissatisfied with the decision from the CDSS regarding certification.
- As required by CCI, the CDSS has, in consultation with stakeholders, developed voluntary provider training available January 2014. Three stakeholder workgroup meetings were held between May 29, 2013 and December 3, 2013. The workgroup meetings included at least one participant from each of the following groups: public authorities, providers, recipients, county representatives, recognized employee representatives and DHCS.
- On March 27, 2013, the Dual Demonstration Memorandum of Understanding was approved to integrate dual eligible beneficiaries as a component of CCI.

Oster I, Oster II and Dominguez Lawsuits Settlement Process

The IHSS Settlement Agreement, filed March 28, 2013, received preliminary approval on April 4, 2013. Court and legislative action is required by May 24, 2013.

- This lawsuit resulted in an eight percent reduction to IHSS Recipients hours effective July 1, 2013.
- The reduction will decrease to seven percent effective July 2014 and will be ongoing, unless action is taken to offset the reduction.
- The DHCS is required to submit a request to CMS by October 1, 2014 for an assessment that can be used to offset the seven percent ongoing reduction.

FLSA Final Rules Concerning Domestic Workers

In September 2013, the United States Department of Labor issued its Final Rule concerning domestic workers under the FLSA. The regulations will be effective January 2015 and contain several significant changes impacting the IHSS program, including: (1) more clearly defining the tasks that comprise “companionship services”; and (2) limiting exemptions for companionship services and live-in domestic service employees to the individual, family, or household using the services, and not third-party employers.

Under the final rule, the CDSS is required to pay IHSS providers overtime wages and compensate providers for wait time during medical accompaniment and commute time between multiple recipients. The CDSS is evaluating implementation options for compliance with FLSA regulations.

* Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

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Kinship Guardianship Assistance Payment (Kin-GAP)^{*}

History of Major Program Changes

1998

Implementation – SB 1901 (Chapter 1055, Statutes of 1998)

The state Kin-GAP program was established with an implementation date of June 1, 1999.

1999

Rate Implementation – AB 1111 (Chapter 147, Statutes of 1999)

The Kin-GAP program implementation was delayed until January 1, 2000. The Kin-GAP rate was established to be equivalent to the basic FC rate. The CDSS was required to report program outcomes to the Legislature two and five years after program implementation.

2000

Exemptions – AB 2876 (Chapter 108, Statutes of 2000)

The Kin-GAP program was exempted from CalWORKs provisions, with certain exceptions. Recipients were authorized to request and receive independent living services and retain certain cash savings.

2001

Exemptions of Fingerprints – AB 429 (Chapter 111, Statutes of 2001)

The Kin-GAP program exempted adult caregivers for recipients of program benefits from the requirement to be fingerprinted in order to establish legal guardianship.

2006

Expanded for Probation Youth – AB 1808 (Chapter 75, Statutes of 2006)

The Kin-GAP program was expanded to include probation youth. Recipients were allowed to continue to receive a SCI, if paid, while in FC, and were provided a \$100 annual state supplemental clothing allowance.

2010

Established a Federally-Funded Program – AB 12 (Chapter 559, Statutes of 2010)

The Kin-GAP program was modified, effective January 1, 2011, following enactment of the federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351) that permitted FFP for states that opt in by meeting federal requirements. A federally-funded Kin-GAP program was established, and amendments were made to the state-funded Kin-GAP program. Time in care with the prospective relative guardian was reduced from 12 months to six months. Interstate portability of benefits for recipients who move out of state/country was added. Renegotiation of benefit amount based on changes in youth's/non-minor former dependent's needs or changed circumstances of relative legal guardian was permitted. This bill also extended the benefit payments until age 21 for certain minors/ non-minor former dependents meeting specific criteria.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Kinship Guardianship Assistance Payment (Kin-GAP)^{*}

History of Major Program Changes

2011

Nonrecurring Costs – AB 212 (Chapter 459, Statutes of 2011)

The Kin-GAP program was modified to conform with federal law providing reimbursement to relative legal guardians for reasonable and verified nonrecurring expenses incurred for legal guardianships established after January 1, 2012. AB 12 also restored the “High School Completion Rule” for the Kin-GAP population.

2012

Expanded Definition of Relative – AB 1712 (Chapter 846, Statutes of 2012)

The Kin-GAP program was modified to expand the definition of "relative" for purposes of the federally-funded Kin-GAP program to include a non-relative extended family member, tribal kin or a current caregiver of a foster child, as specified.

2013

Successor Guardianship – AB 787 (Chapter 487, Statutes of 2013)

The Kin-GAP program was modified to allow re-entry into non-minor dependency for non-minor former dependents whose legal guardian died before the non-minor former dependent's 21st birthday.

^{*} Please refer to the first tab titled “[Acronyms](#)” for a full description of acronyms.

Supplemental Security Income/State Supplementary Payment (SSI/SSP)*

History of Major Program Changes

1972 - 1974

SSI Program – PL 92-603

Under PL 92-603, the federally administered SSI program was established by Congress in 1972, and payments began in 1974. In the 50 states and the District of Columbia, it replaced the former federal-state programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled.

States were given the option of providing SSPs both to recipients transferred from the former federal-state program and to those newly eligible for SSI. When SSPs are federally administered, as in California, the SSA makes eligibility and payment determinations for the state. Basic SSI/SSP eligibility cannot be modified without a change in federal law, although states set their own living arrangements payment categories and SSP rates that are subject to certain federal limitations.

1972

COLAs – PL 92-336

PL 92-336 was enacted to provide COLAs, which allow Social Security and SSI benefits to keep pace with inflation and established the procedures for issuing automatic COLAs each year, beginning in 1975. SSI COLAs are based on increases to the CPI for Urban Wage Workers and Clerical Workers. SSP COLAs are based on the CNI.

1976

SSP MOE Set at December 1976 Levels – PL 94-585

PL 94-585 requires states to maintain SSPs at the level of December 1976 ("maintenance of payments") or to continue to pay in supplements the same total annual amounts ("maintenance of expenditures") when the federal SSI payment level is increased and thereby pass through any increases in federal benefits without reducing state supplements.

1983

SSP MOE Adjusted to December 1983 Levels – PL 98-21

Federal pass-through law was adjusted under PL 98-21 by substituting the SSP levels in effect in March 1983 for those in effect in December 1976 as the levels that states must maintain in complying with the pass-through requirements.

1991 - 1998, 2004, 2006 - 2009

Suspension of State COLA Increases to SSPs

The W&IC section 12201 authorizes the COLA for SSP recipients, based on the CNI, and specifies calendar years which receive no adjustment under this section.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Supplemental Security Income/State Supplementary Payment (SSI/SSP)*

History of Major Program Changes

1993, 1997

Administrative Fees for SSPs – PL 103-66 and PL 105-33

In August, PL 103-66 required states to pay fees for federal administration of their SSP under the Omnibus Reconciliation Act. In 1997, PL 105-33 revised the schedule of pre-payment fees for federal administration of SSP for FFY 1998-2002 and provided a formula for determining the fee beyond FFY 2002.

2010

Reductions of SSP Grant to the MOE Floor

To assist in balancing the 2009-10 Governor's Budget, SSP grants were reduced. Under section 416.096 of Title XX of the CFR, federal funding for Medi-Cal will be lost if a state reduces SSP payments below MOE levels. SSP grants were reduced to the minimum levels.

2011

Elimination of Statutory Requirement to Provide State COLAs to SSPs – ABX4 8 (Chapter 8, Fourth Extraordinary Session, Statutes of 2009)

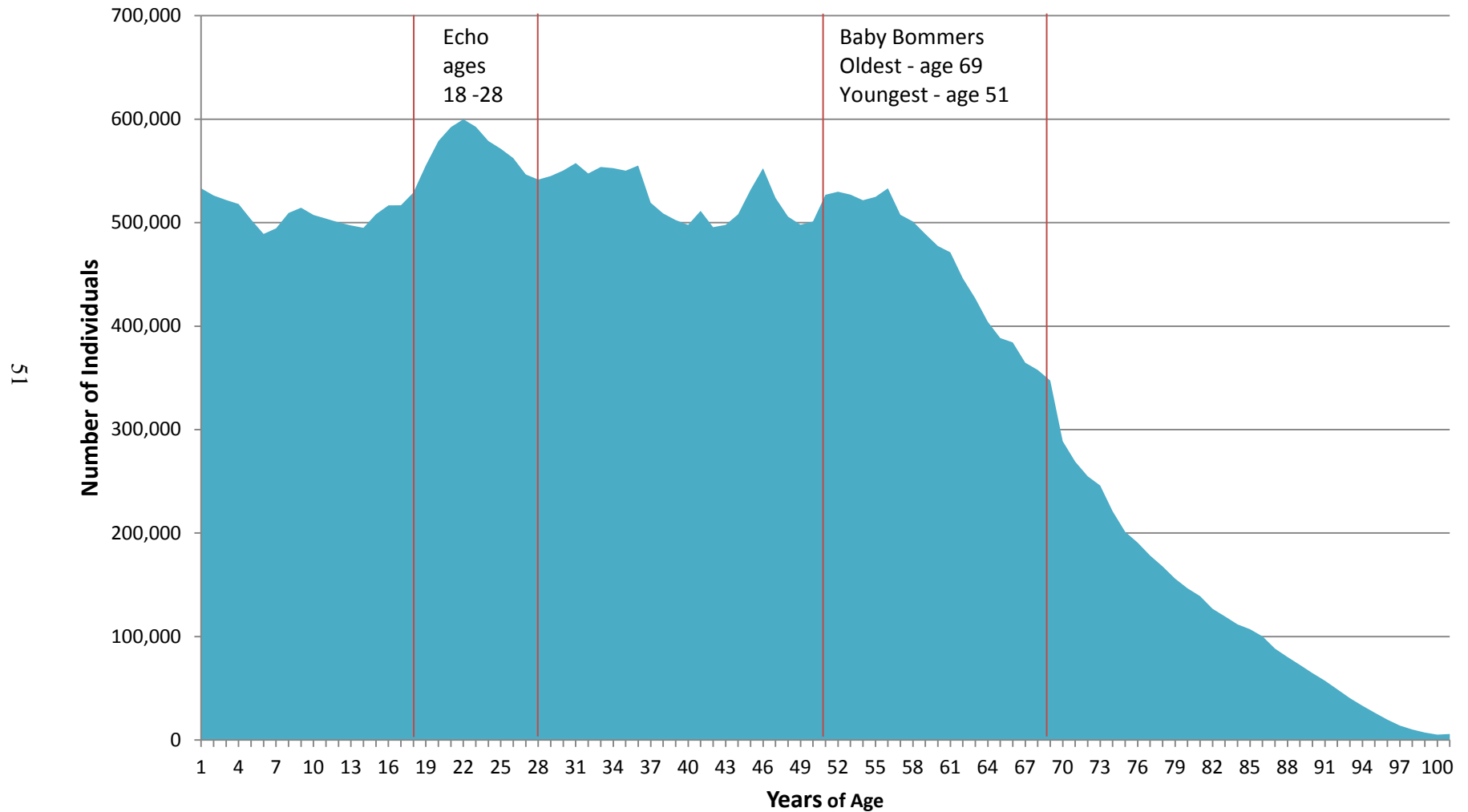
ABX4 8 amended W&IC Section 12201(g)(1) to state that no adjustment shall be made unless otherwise specified by statute.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Caseload Characteristics/Demographics

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California Population by Age (2015 Projections)



* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Characteristics of CalWORKs Cases^{*}

Characteristic	Safety Net	Sanctioned (No Aided Adult)	Other Child-Only	Single-Parent	Two-Parent	All Cases
Number	73,993	32,295	205,782	201,424	50,291	563,785
AU Size	2.4	1.7	2.0	2.8	3.8	2.5
Average Number of Children in AU	2.4	1.7	2.0	1.8	2.1	2.0
Average Age of Oldest Child	12.3	9.1	10.3	6.5	7.0	8.9
Average Age of Youngest Child	7.7	6.6	7.1	4.0	3.5	5.7
Average Age of Head of Household	36.8	32.1	38.6	29.6	30.8	34.1
Percent with Monthly Earnings	20.2%	11.2%	14.9%	20.7%	37.9%	19.5%
Race/ Ethnicity¹						
Hispanic	38.9%	48.6%	76.0%	52.3%	42.6%	58.1%
Non-Hispanic Black	32.1%	19.3%	9.6%	21.3%	11.1%	17.4%
Non-Hispanic Asian	4.9%	1.3%	2.2%	2.2%	8.9%	3.1%
Non-Hispanic White	21.4%	28.5%	11.0%	21.6%	33.6%	19.2%
Non-Hispanic Other	2.7%	2.3%	1.2%	2.6%	3.8%	2.2%
Language Spoken						
English	86.9%	88.7%	40.9%	89.9%	83.5%	71.0%
Spanish	7.4%	10.1%	57.1%	8.6%	6.3%	25.9%
Other	6.7%	1.2%	2.1%	1.6%	10.3%	3.1%
Education						
Percent of Heads of Household Completing High School or Equivalent	41.6%	48.7%	8.5%	52.3%	56.1%	35.0%
Percent Unknown	12.8%	10.9%	62.3%	1.5%	1.4%	25.7%
Citizenship Status of Head of Household						
Citizen	90.1%	91.7%	35.2%	91.5%	83.2%	70.0%
Legal Alien	9.8%	8.3%	3.5%	7.3%	16.7%	7.1%
Other/Unknown	0.2%	0.0%	61.3%	1.2%	0.2%	22.8%
Number of Children						
Percent with Children Under One Year	6.2%	3.0%	6.9%	18.8%	23.9%	12.3%
Percent with Children Under Six Years	35.6%	51.9%	45.2%	74.5%	78.3%	57.8%

¹ Percentages do not add to 100 percent due to missing/unknown values.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Characteristics of CalWORKs Cases^{*}

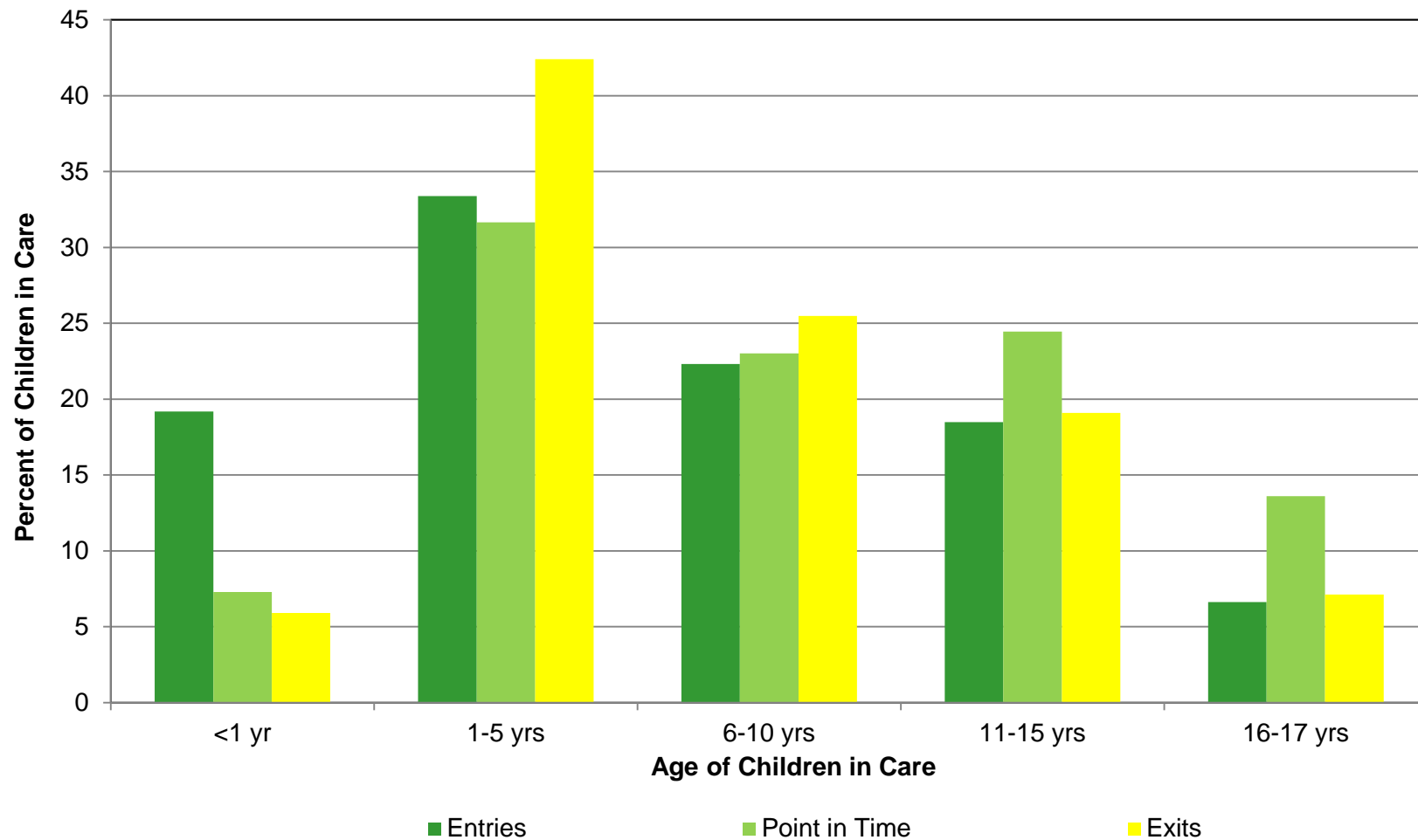
Characteristic	Safety Net	Sanctioned (No Aided Adult)	Other Child-Only	Single-Parent	Two-Parent	All Cases
Months on Aid Since 1998²						
<u>Average</u> Months on Aid of Longest Member	107.2	57.5	77.9	34.7	28.5	71.3
<u>Median</u> Months on Aid of Longest Member	103	47	68	29	25	60

² Months on aid is for the aided adult (or child, in child-only cases) who has been on aid the most months since the start of CalWORKs in January 1998.

Data Sources: Characteristics based on federal fiscal year 2013 (October 2012 to September 2013) data from the Research and Development Enterprise Project sample, analyzed January 11, 2014. Time-on-aid based on data from the Medi-Cal Eligibility Determination System. As with all sample data, the information in this table is subject to sampling and non-sampling errors and should be interpreted with caution.

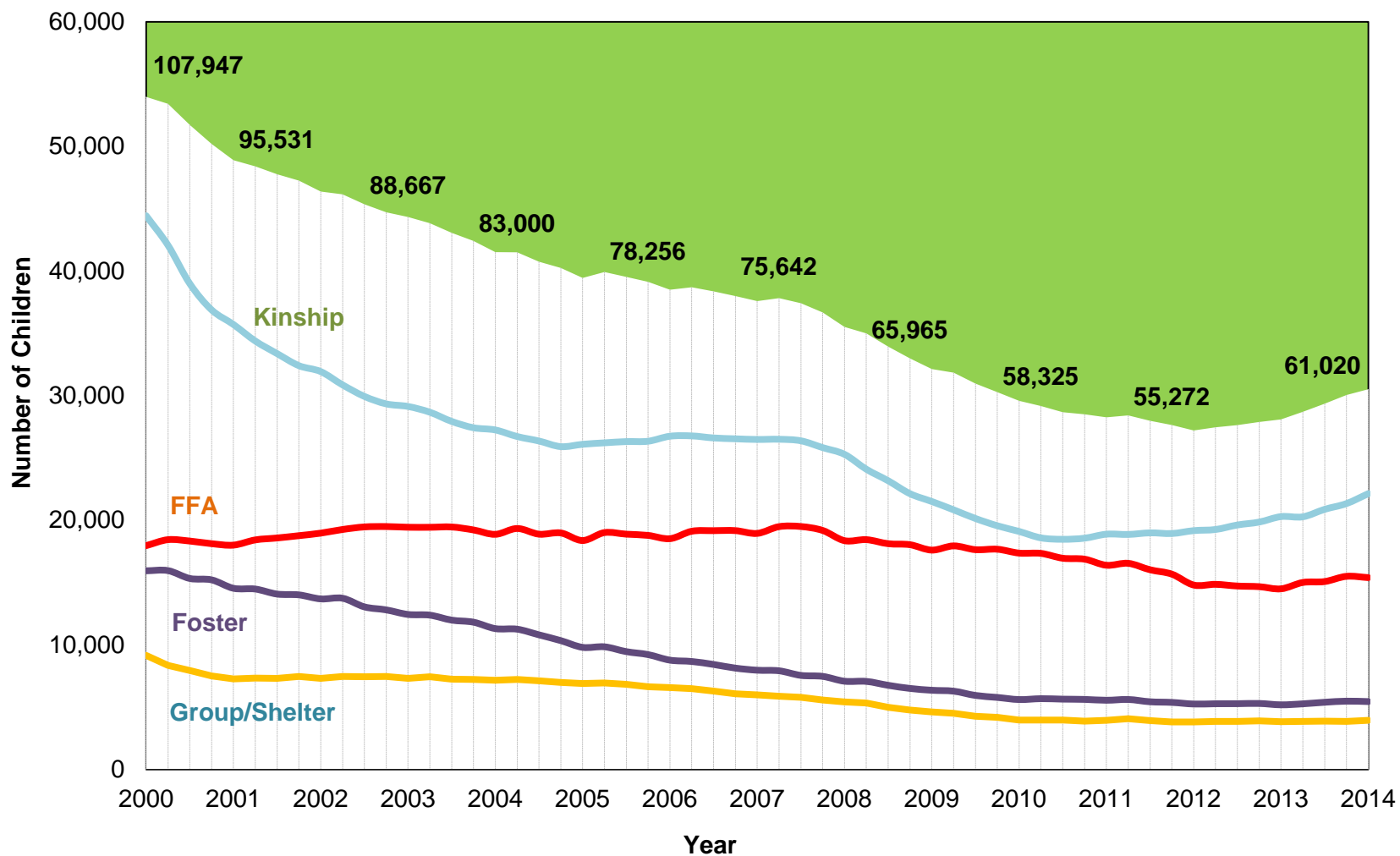
^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

**California Example: Age of Children in Foster Care
(2013 entries, July 1, 2013 caseload, 2013 exits)**



Center for Social Services Research, School of Social Welfare, UC Berkeley

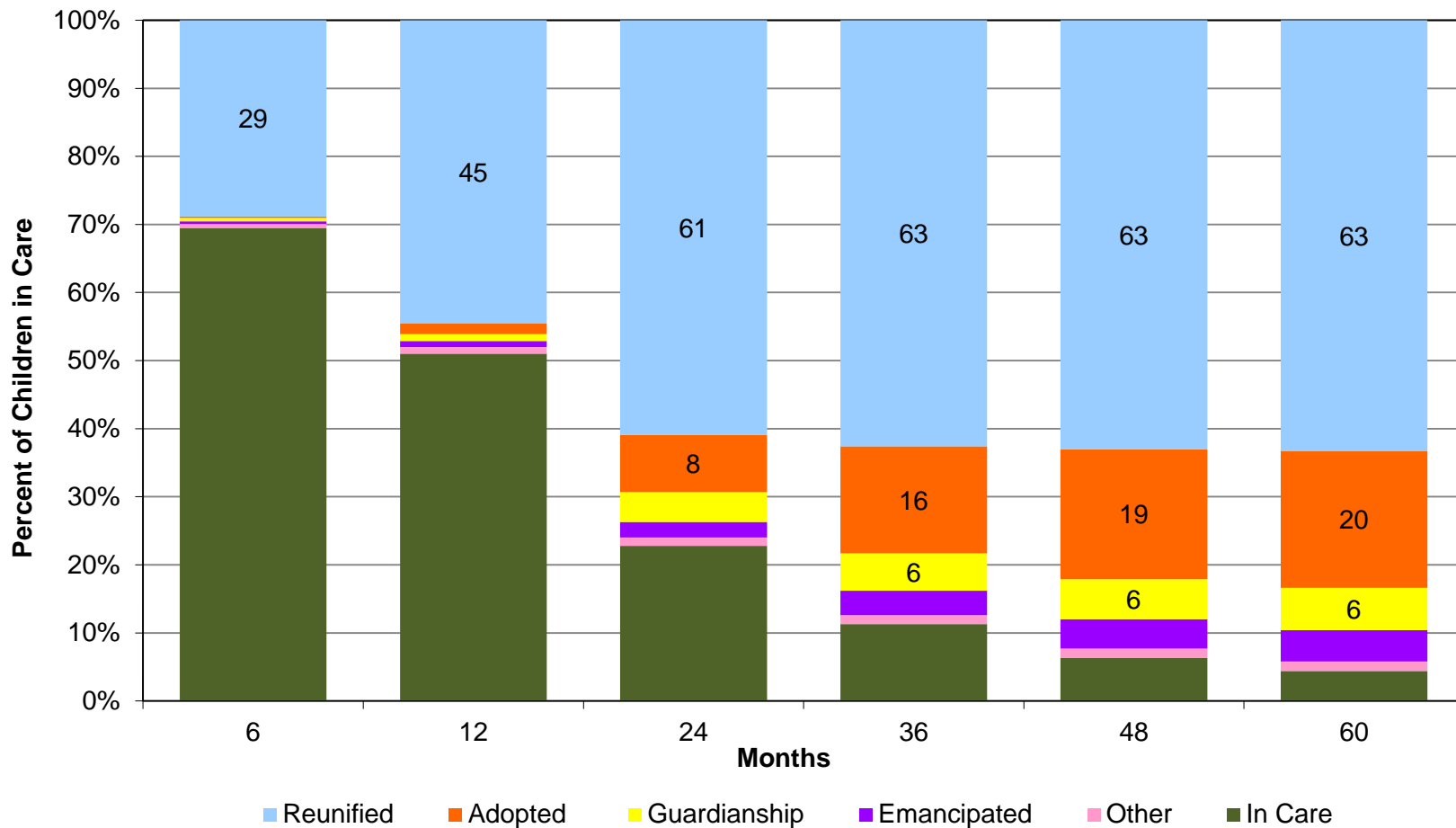
**California:
Out-of-Home Caseload Over Time, by placement type**



Center for Social Services Research, School of Social Welfare, UC Berkeley

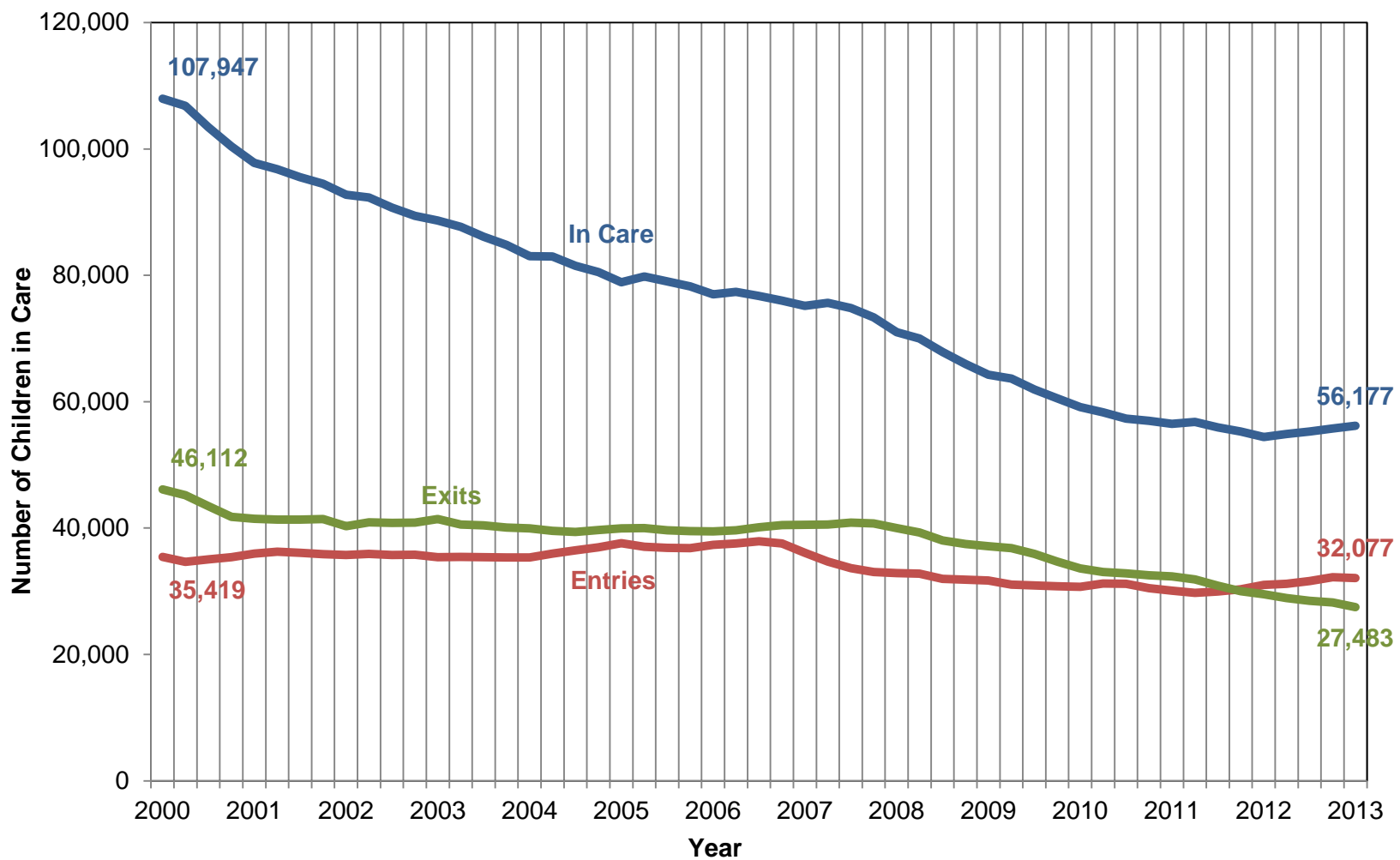
57

**July-December 2008 First Entries
California:
Percent Exited Foster Care to Permanency 60 Months From Entry
(n=10,909)**



Center for Social Services Research, School of Social Welfare, UC Berkeley

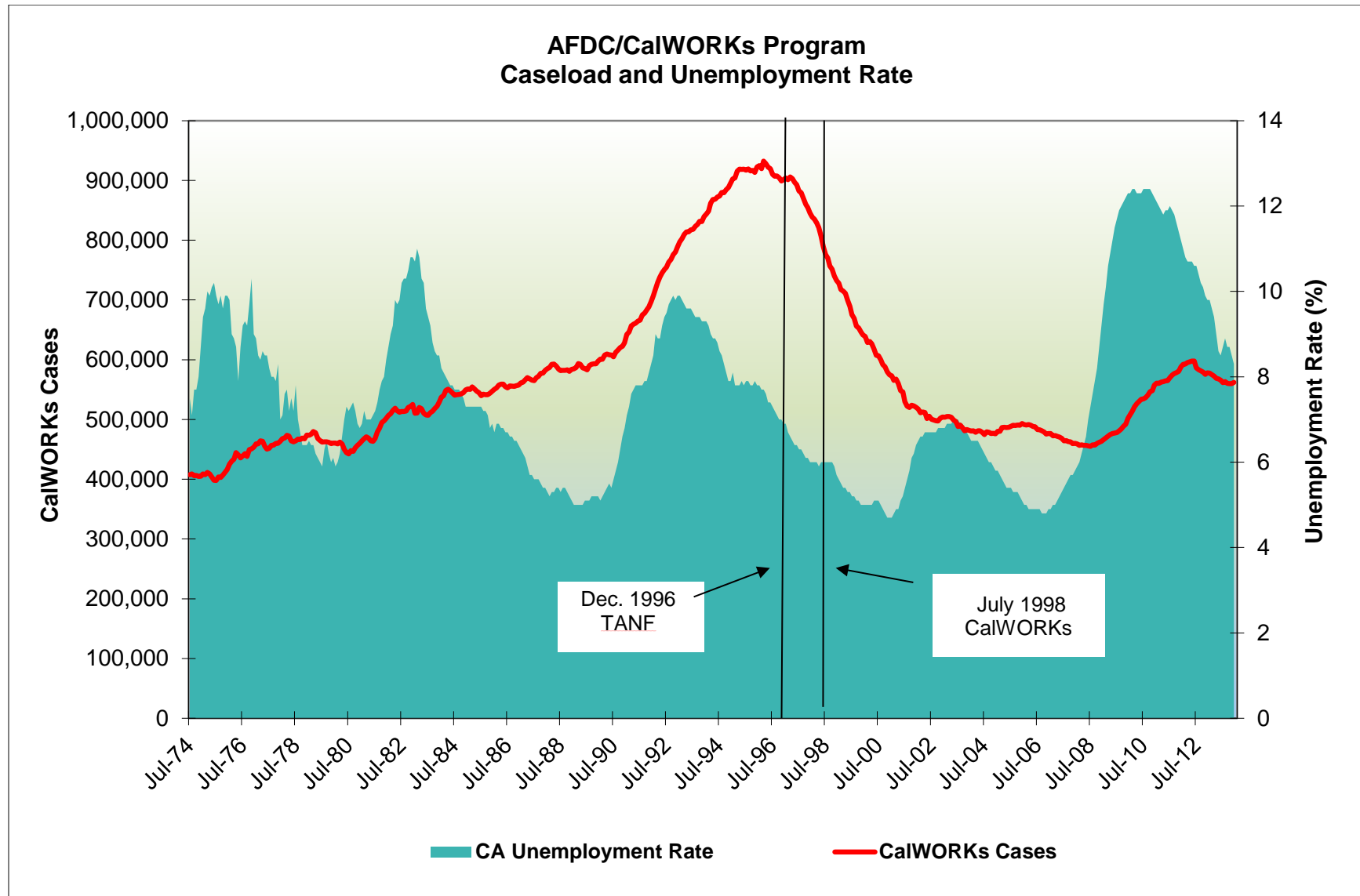
California:
Foster Care Entries, Exits, and Out-of-Home Caseload Over Time



Center for Social Services Research, School of Social Welfare, UC Berkeley

Program Data

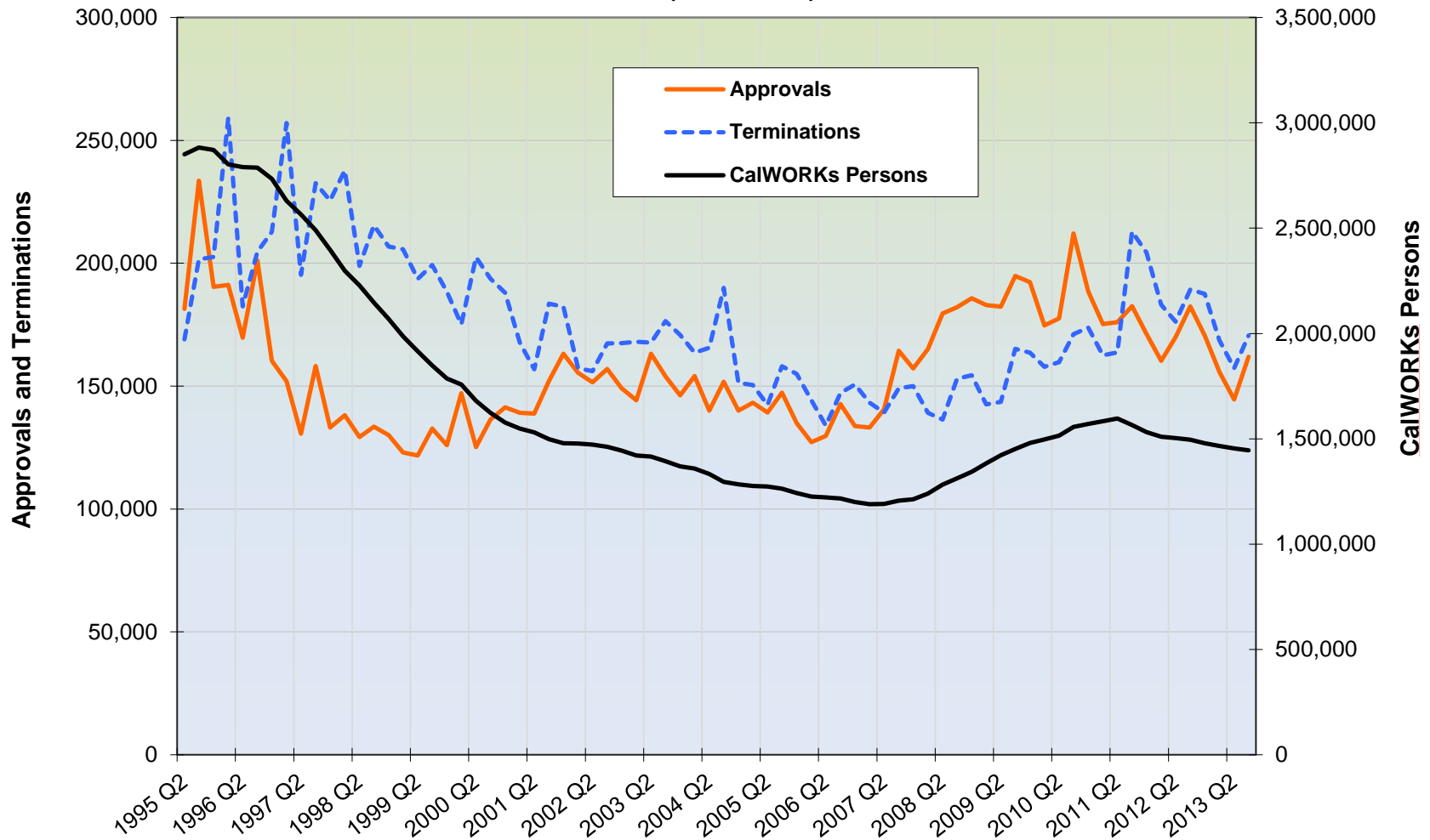
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¹ Reflects caseload and unemployment rate data through December 2013.

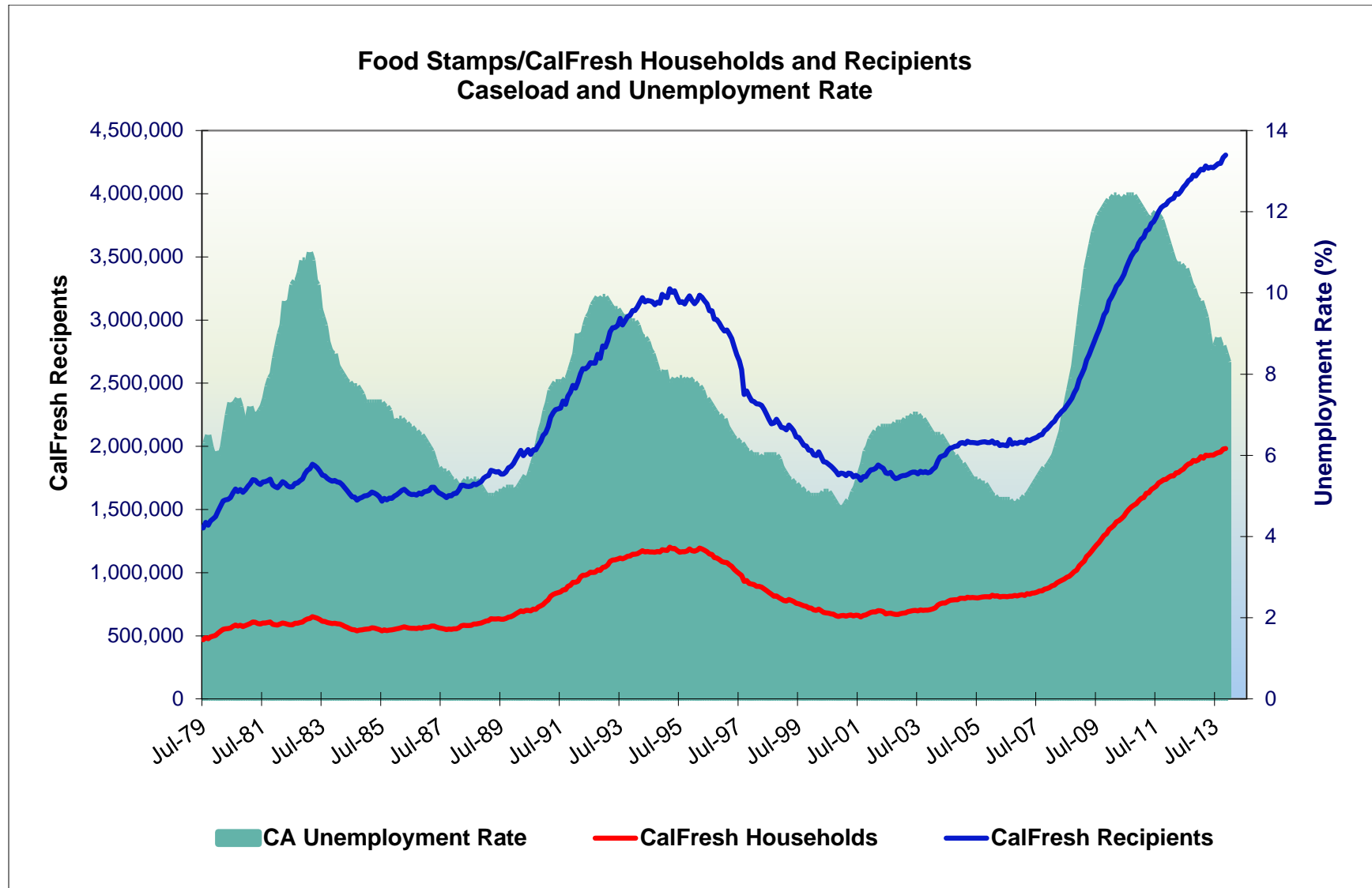
* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

**Estimated CalWORKS Quarterly Approvals and Terminations
from 1995 Q2 - 2013 Q3
(MEDS Data)**



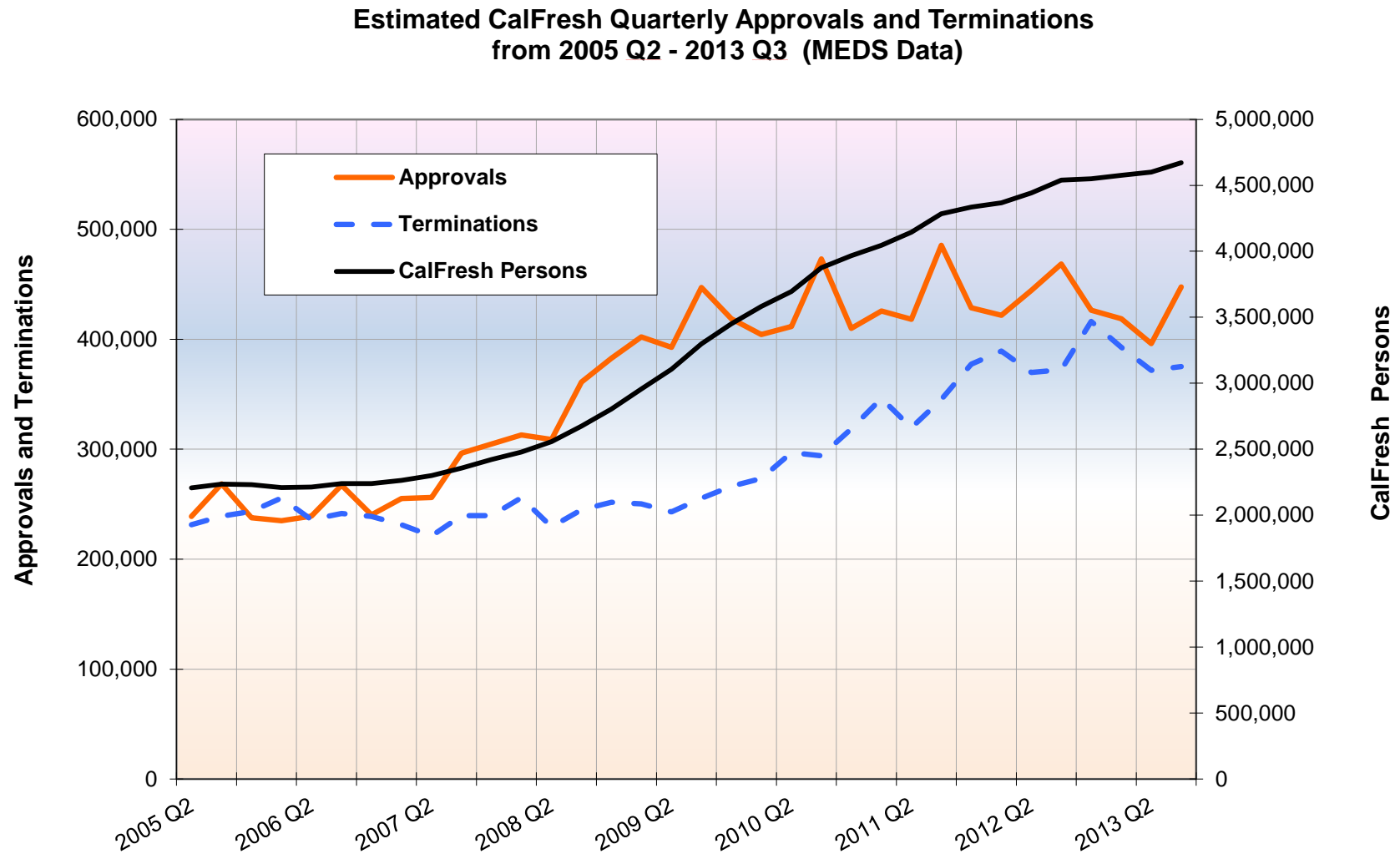
¹ Estimated numbers based on MEDS data through the third calendar quarter of 2013.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.



¹ Reflects caseload and unemployment rate data through December 2013.

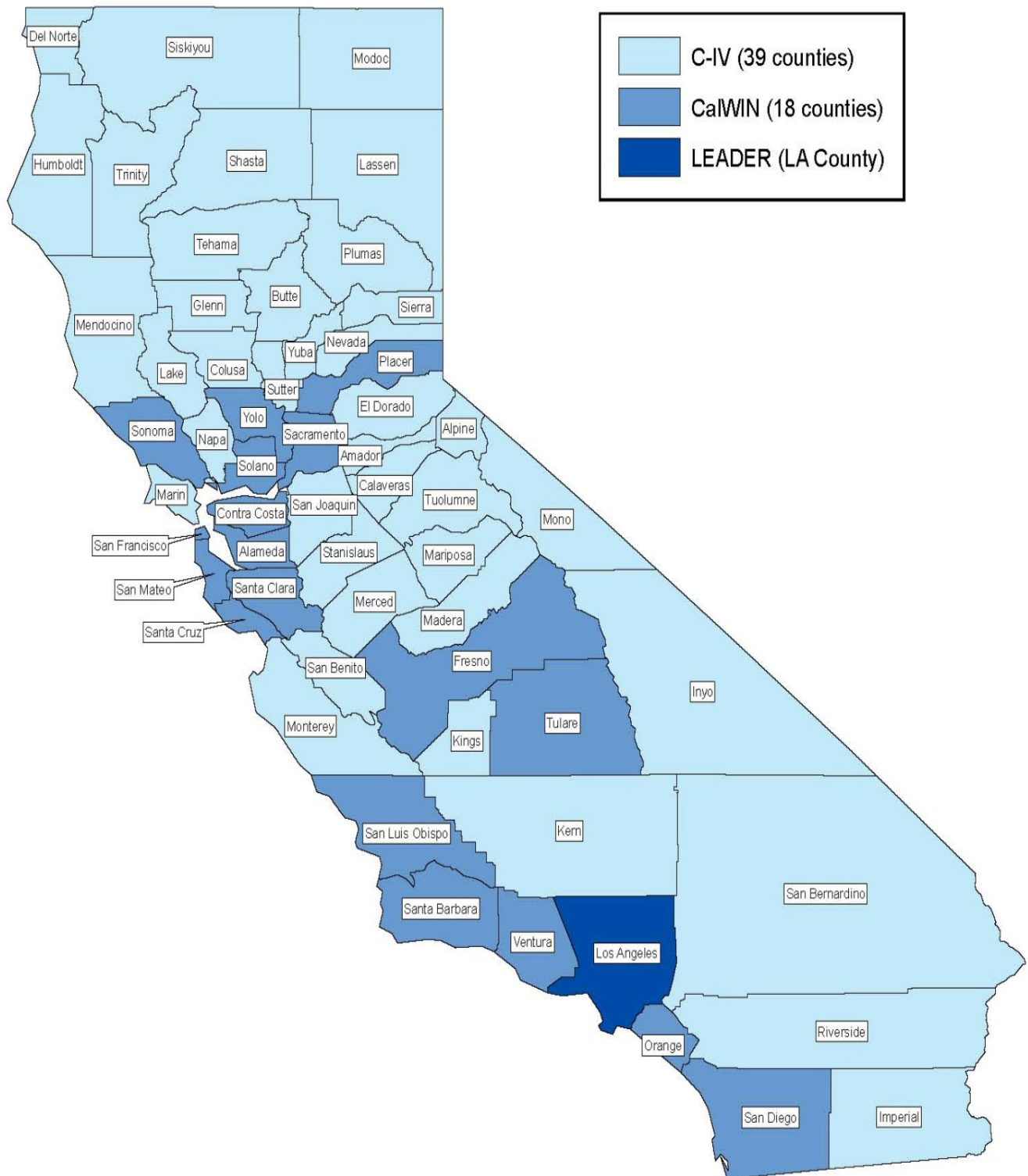
* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.



¹ Estimated numbers based on MEDS data through the third calendar quarter of 2013.

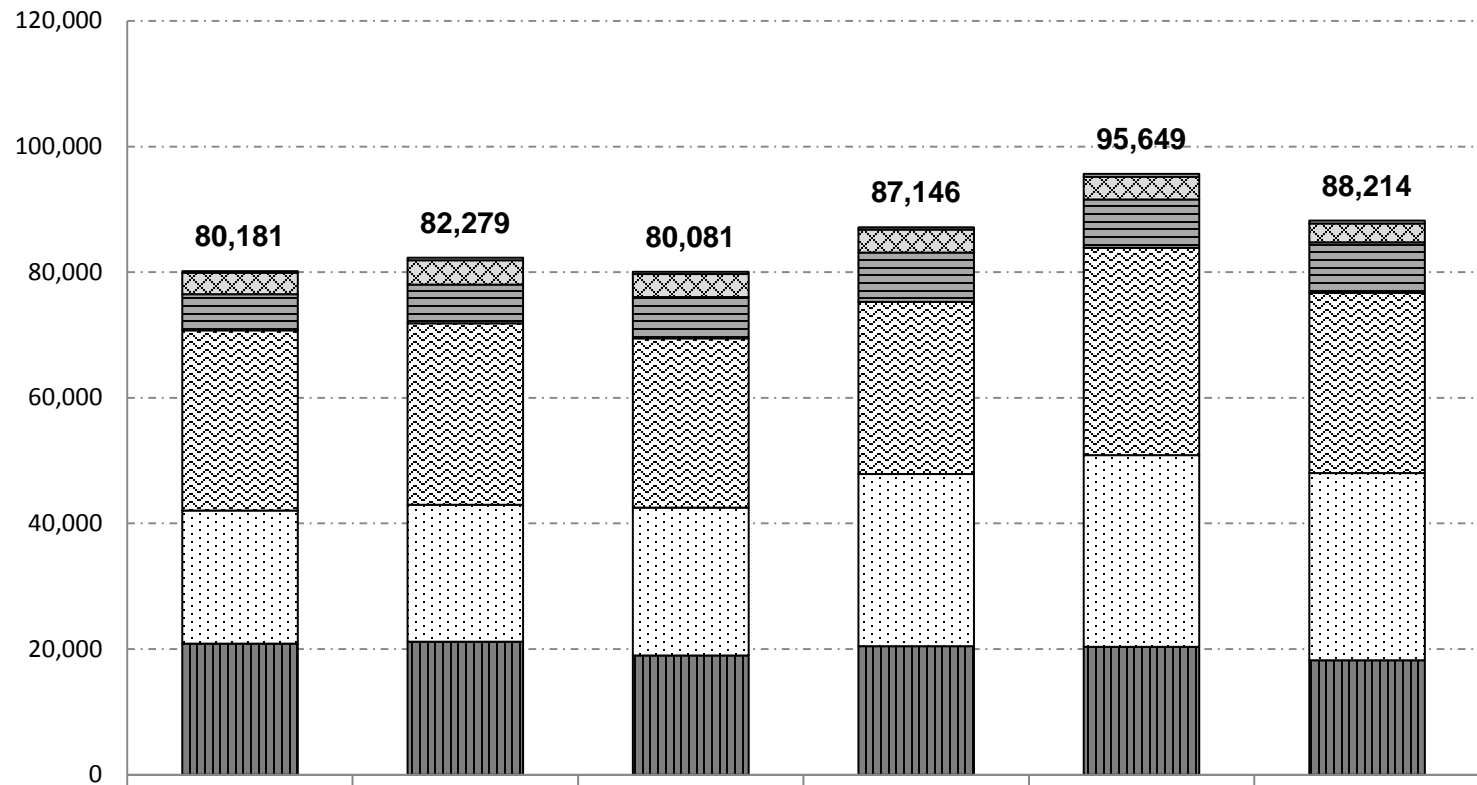
* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Statewide Automated Welfare Systems by County^{*}



^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Hearing Requests Filed by Program



	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Other	287	407	362	379	453	449
Disability Determination	3,405	3,861	3,675	3,674	3,618	3,039
IHSS	5,744	6,176	6,577	7,835	7,697	8,045
Medi-Cal	28,696	28,864	26,947	27,370	32,998	28,657
CalFresh	21,195	21,782	23,530	27,437	30,527	29,815
CalWORKs	20,854	21,189	18,990	20,451	20,356	18,209
Total	80,181	82,279	80,081	87,146	95,649	88,214

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

CALIFORNIA'S TANF WORK PARTICIPATION RATE

FFY 1997 - 2006 (Pre-Deficit Reduction Act)

All Families WPR										
FFY	1997	1998	1999	2000 ¹	2001 ¹	2002 ¹	2003 ¹	2004 ¹	2005 ¹	2006 ¹
Required Rate	25.0%	30.0%	35.0%	40.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Caseload Reduction Credit	5.5%	12.2%	26.5%	32.1%	39.0%	43.3%	44.2%	46.1%	45.5%	44.9%
State Adjusted Required WPR	19.5%	17.8%	8.5%	7.9%	6.0%	6.7%	5.8%	3.9%	4.5%	5.1%
California's WPR	29.7%	36.6%	42.2%	27.5%	25.9%	27.3%	24.0%	23.1%	25.9%	22.2%
Two-Parent WPR										
FFY	1997	1998	1999	2000 ^{1/}	2001 ^{1/}	2002 ^{1/}	2003 ^{1/}	2004 ^{1/}	2005 ^{1/}	2006 ^{1/}
Required Rate	75.0%	75.0%	90.0%	NA	NA	NA	NA	NA	NA	NA
Caseload Reduction Credit	34.2%	42.3%	53.1%							
State Adjusted Required WPR	40.8%	32.7%	36.9%							
California's WPR	42.3%	36.2%	54.3%							

FFY 2007-2016 (Post-Deficit Reduction Act)

Overall (All Families) WPR										
FFY	2007	2008	2009	2010	2011	2012 ²	2013 ²	2014	2015	2016
Required Rate	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Caseload Reduction Credit	17.7%	21.0%	21.0% ³	21.0% ³	21.0% ³	0.0%	0.0%			
State Adjusted Required WPR	32.3%	29.0%	29.0%	29.0%	29.0%	50.0%	50.0%			
California's WPR	22.3%	25.1%	26.8%	26.2%	27.8%	27.2%	25.1%			
Two-Parent WPR										
FFY	2007	2008	2009	2010	2011	2012 ²	2013 ²	2014	2015	2016
Required Rate	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Caseload Reduction Credit	90.0%	90.0%	90.0% ³	90.0% ³	90.0% ³	0.0%	0.0%			
State Adjusted Required WPR	0.0%	0.0%	0.0%	0.0%	0.0%	90.0%	90.0%			
California's WPR	31.7%	26.5%	28.6%	35.6%	33.9%	30.8%	31.4%			

¹ From FFY 2000 through FFY 2006, California moved two-parent cases to SSP-MOE funding, which removed them from the WPR calculation requirements. Since these cases were no longer in the State's TANF program, no two-parent participation rates were published by ACF. Starting in 2007, California again received a rate for its two-parent caseload, as per requirements of the Deficit Reduction Act of 2005. The Deficit Reduction Act of 2005 required that SSP-MOE funded programs be subject to TANF WPR requirements.

² Preliminary WPRs or Caseload Reduction Credits as of April 2014, pending final determination by ACF. These WPRs or Caseload Reduction Credits may change slightly because of case revisions and error corrections.

³ Due to ARRA, states can receive the Caseload Reduction Credit from either 2007 or 2008, whichever is most beneficial to the state. For California, the Caseload Reduction Credit for 2008 provides the most benefit to the state's WPR. Actual calculated Caseload Reduction Credits were: FFY 2009, 6% overall rate and 9.5% 2P rate; FFY 2010, 0.1% both rates; FFY 2011, 0% both rates.

Data Source: Q5 (from 1997 through 2006) and RADEP (from 2007 to present).

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

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Multi-State Comparison of TANF Programs^{*}

State TANF Benefit Level for a Family of Three (Ranked by MAP Level)

<u>State Ranking</u>	<u>2013 MAP Level</u>
1. Alaska	\$923
2. New York	\$885
3. Hawaii	\$763
4. Connecticut	\$688
5. New Hampshire	\$675
6. Wisconsin	\$673
7. California ¹	\$670 / \$750 exempt
8. Vermont	\$640
9. Massachusetts	\$618 / \$633 exempt
10. Wyoming	\$618
11. South Dakota	\$582
12. Maryland	\$574
13. Rhode Island	\$554
14. Minnesota	\$532
15. Oregon	\$506
16. Montana	\$504
17. Utah	\$498
18. Michigan	\$492
19. Maine	\$484
20. Washington	\$478
21. New Mexico	\$447
22. Ohio	\$458
23. Illinois	\$432
24. District of Columbia	\$428
25. North Dakota	\$427
26. Iowa	\$426
27. New Jersey	\$424
28. Kansas	\$403
29. Pennsylvania	\$403
30. Virginia	\$389
31. Nevada	\$383
32. Nebraska	\$364
33. Colorado	\$364
34. West Virginia	\$340
35. Delaware	\$338
36. Idaho	\$309
37. Florida	\$303
38. Missouri	\$292
39. Oklahoma	\$292
40. Indiana	\$288
41. Georgia	\$280
42. Arizona	\$278
43. North Carolina	\$272
44. Texas	\$271
45. Kentucky	\$262
46. South Carolina	\$228
47. Louisiana	\$225
48. Alabama	\$215
49. Arkansas	\$204
50. Tennessee	\$185
51. Mississippi	\$170

Source: Telephone/email survey conducted in October 2013 by CDSS' CalWORKs Eligibility Bureau.

¹ Reflects a five percent increase to California's MAP to \$670 from \$638, effective March 1, 2014.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Multi-State Comparison of TANF Programs^{*}

States with the Highest Percentages of Welfare Recipients¹

State	Percent of Population on Welfare	2013 MAP for an Assistance Unit (AU) of Three
1. California	3.67%	\$670
2. District of Columbia	2.4%	\$428
3. New Mexico	2.2%	\$447
4. Hawaii	2.02%	\$763
4. Washington	1.79%	\$478
6. Oregon	1.73%	\$506
7. Maine	1.7%	\$484
8. Pennsylvania	1.54%	\$403
9. Rhode Island	1.5%	\$554

¹The percentage of welfare recipients was calculated by dividing average TANF/MOE-Separate State Program caseload data for calendar year 2012 (from the ACF) by estimated population data as of July 2012 (from the U.S. Census Bureau).

Ten Largest States (Ranked by MAP Level, not Population)

State	2013 MAP for an AU of Three	National Ranking of MAP Level
1. New York	\$885	2
2. California	\$670	7
3. Michigan	\$492	18
4. Ohio	\$458	22
5. Illinois	\$432	23
6. Pennsylvania	\$403	29
7. Florida	\$303	37
8. Georgia	\$280	41
9. North Carolina	\$272	43
10. Texas	\$271	44

Source: Telephone/email survey conducted in October 2013 by CDSS' CalWORKs Eligibility Bureau.

States with the Highest MAP Level

State	2013 MAP for an AU of Three
1. Alaska	\$923
2. New York	\$885
3. Hawaii	\$763
4. Connecticut	\$688
5. New Hampshire	\$675
6. Wisconsin	\$673
7. California	\$670
8. Vermont	\$640
9. Massachusetts	\$618
10. Wyoming	\$616

Source: Telephone/email survey conducted in October 2013 by CDSS' CalWORKs Eligibility Bureau.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

California Necessities Index (CNI)*

The CDSS uses the CNI to adjust rates/grants in: SSI/SSP, FC facilities and AAP.

CNI Data Period	CNI (Percent change)	Applicable Budget Fiscal Year (FY)
Dec. 1979 - Dec. 1980	11.19	1981-82
Dec. 1980 - Dec. 1981	8.13	1982-83
Dec. 1981 - Dec. 1982	5.79	1983-84
Dec. 1982 - Dec. 1983	5.56	1984-85
Dec. 1983 - Dec. 1984	5.74	1985-86
Dec. 1984 - Dec. 1985	5.15	1986-87
Dec. 1985 - Dec. 1986	2.62	1987-88
Dec. 1986 - Dec. 1987	4.74	1988-89
Dec. 1987 - Dec. 1988	4.61	1989-90
Dec. 1988 - Dec. 1989	4.62	1990-91
Dec. 1989 - Dec. 1990	5.49	1991-92
Dec. 1990 - Dec. 1991	1.81	1992-93
Dec. 1991 - Dec. 1992	2.37	1993-94
Dec. 1992 - Dec. 1993	1.69	1994-95
Dec. 1993 - Dec. 1994	1.48	1995-96
Dec. 1994 - Dec. 1995	0.52	1996-97
Dec. 1995 - Dec. 1996	2.60	1997-98
Dec. 1996 - Dec. 1997	2.84	1998-99
Dec. 1997 - Dec. 1998	2.36	1999-00
Dec. 1998 - Dec. 1999	2.96	2000-01
Dec. 1999 - Dec. 2000	5.31	2001-02
Dec. 2000 - Dec. 2001	3.74	2002-03
Dec. 2001 - Dec. 2002	3.46	2003-04
Dec. 2002 - Dec. 2003	2.75	2004-05
Dec. 2003 - Dec. 2004	4.07	2005-06
Dec. 2004 - Dec. 2005	3.75	2006-07
Dec. 2005 - Dec. 2006	3.70	2007-08
Dec. 2006 - Dec. 2007	5.26	2008-09
Dec. 2007 - Dec. 2008	1.53	2009-10
Dec. 2008 - Dec. 2009	1.57	2010-11
Dec. 2009 - Dec. 2010	1.92	2011-12
Dec. 2010 - Dec. 2011	2.98	2012-13
Dec. 2011 - Dec. 2012	2.65	2013-14

Forecast in 2014 May Revision		
Dec. 2012 - Dec. 2013	2.17	2014-15

Note: The CNI is based on a market basket reflecting the spending patterns of low income households in the Los Angeles and San Francisco metropolitan areas. The CNI is calculated by the DOF using the CPI for food, rent, fuel, apparel and transportation.

* Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Federal Discount Rate^{*}**Historical Federally Eligible Percent of FC/CWS Caseloads**

Percent of Federal Eligible Recipients Federal Discount Rate

56-County	November Estimate	May Revision
FY 2005-06	N/A	N/A
FY 2006-07	N/A	N/A
FY 2007-08	75%	75%
FY 2008-09	73%	73%
FY 2009-10	73%	71%
FY 2010-11	71%	70%
FY 2011-12	69%	68%
FY 2012-13	68%	68%
FY 2013-14	68%	67%
FY 2014-15	67%	68%

Percent of Federal Eligible Recipients Federal Discount Rate

58-County	November Estimate	May Revision
FY 2005-06	74%	75%
FY 2006-07	75%	75%
FY 2007-08	75%	75%
FY 2008-09	74%	74%
FY 2009-10	73%	72%
FY 2010-11	71%	70%
FY 2011-12	67%	66%
FY 2012-13	66%	67%
FY 2013-14	66%	66%
FY 2014-15	66%	66%

Note: The federal discount rate is based on the combined FFA, FFH and GH FC caseloads.

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Other Resources^{*}

CalWORKs and CalFresh

Federal Poverty Measure:

<http://aspe.hhs.gov/poverty/13poverty.cfm>

California Programs Benefits Website:

<http://www.benefitscal.org>

Federal TANF Program:

<http://www.acf.hhs.gov/programs/ofa/programs/tanf>

Federal SNAP Data:

<http://www.fns.usda.gov/pd/snapmain.htm>

CalFresh Characteristics Report:

<http://www.dss.cahwnet.gov/cdssweb/entres/q51804/publications/pdf/CalFreshHouseholdSurveyFFY2010.pdf>

State SNAP Participation Rates:

<http://www.fns.usda.gov/sites/default/files/Reaching2010.pdf>

CalWORKs Benefit Model:

<http://www.cdss.ca.gov/research/res/pdf/calreports/BenefitModel.pdf>

Children's Programs

OCAP:

<http://www.childsworld.ca.gov/PG2289.htm>

Title IV-E Child Welfare Waiver:

<http://www.childsworld.ca.gov/PG1333.htm>

Child Welfare Dynamic Report System (CDSS and UC Berkeley collaboration):

http://cssr.berkeley.edu/ucb_childwelfare/

ACF:

<http://www.acf.hhs.gov/>

CCL

CCL Link:

<http://ccl.ca.gov/>

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.

Other Resources^{*}

Adult Programs

Services and Financial Support to Low-Income Aged, Blind and Disabled:

<http://www.cdss.ca.gov/agedblinddisabled/>

IHSS Quality Assurance:

<http://www.cdss.ca.gov/agedblinddisabled/PG1815.htm>

IHSS Social Worker Training Academy:

<http://www.cdss.ca.gov/agedblinddisabled/PG1214.htm>

Adult Program Services:

<http://www.cdss.ca.gov/agedblinddisabled/PG889.htm>

IHSS Provider Information:

<http://www.cdss.ca.gov/agedblinddisabled/PG1788.htm>

Other

Local Assistance Estimates:

<http://www.cdss.ca.gov/cdssweb/PG106.htm>

CDSS Budget and Fiscal News:

<http://www.cdss.ca.gov/cdssweb/PG34.htm>

CDSS Program Research and Data Reports:

<http://www.cdss.ca.gov/research/>

ACL:

<http://www.dss.cahwnet.gov/lettersnotices/PG931.htm>

CFL:

<http://www.dss.cahwnet.gov/lettersnotices/PG959.htm>

Stakeholder Information (program changes):

<http://www.cdss.ca.gov/agedblinddisabled/PG2137.htm>

^{*} Please refer to the first tab titled "[Acronyms](#)" for a full description of acronyms.